

Application Form OWNERS CORPORATION Member

<p>STEP 1:</p> <p>Please return this completed application form to:</p> <p>Owners Corporation Network of Australia Inc PO Box Q933 Queen Victoria Building NSW 1230</p> <p>OR scan and email it to secretary@ocn.org.au</p>	<p>STEP 2:</p> <p>Pay your membership fee by either: (please tick your payment method)</p> <p><input type="checkbox"/> Including a cheque payable to OCN Australia Inc with this form, OR</p> <p><input type="checkbox"/> Direct Deposit to BSB: 032 099 / Account No: 329 477</p> <p>(Please include your Scheme Number in the 'Reference' field for the transaction)</p>
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MEMBERSHIP TYPE (please select one)	
<p><input type="checkbox"/> Owners Corporation Membership – Small Scheme</p> <ul style="list-style-type: none"> Strata or Company Title scheme with up to 100 lots \$125.00 annual fee Up to 2 Executive Committee members can be nominated to represent the scheme Each representative is entitled to 1 vote at General Meetings 	<p><input type="checkbox"/> Owners Corporation Membership – Large Scheme</p> <ul style="list-style-type: none"> Strata or Company Title scheme with more than 100 lots \$250.00 annual fee Up to 2 Executive Committee members can be nominated to represent the scheme Each representative is entitled to 1 vote at General Meetings

SCHEME Details		
<p>Strata Plan No: SP _____ or</p> <p>Company Title No: CT _____</p>	<p>Building Name:</p>	<p>No of Lots: <i>(excluding utility lots)</i></p>
<p>Building Address:</p>	<p>Suburb:</p>	<p>Postcode:</p>
<p>Architect:</p>	<p>Developer:</p>	<p>Year Completed:</p>
<p>Building's Email:</p>	<p>Building's Website:</p>	

MANAGING AGENT		
<p>Company Name:</p>		
<p>Postal Address:</p>	<p>Suburb:</p>	<p>Postcode:</p>
<p>Phone: ()</p>	<p>Email:</p>	

REPRESENTATIVE 1

Name:	Position on Executive Committee:	
Postal Address:	Suburb:	Postcode:
Phone: () 	Email:	

- The scheme I represent hereby applies to become a Corporation member of the Owners Corporation Network of Australia Incorporated.
- I agree to be bound by the rules of the association in force at any time.
- I understand that all sections of this form must be completed to allow this application to be processed.

Signature:	Date : / /
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REPRESENTATIVE 2

Name:	Position on Executive Committee:	
Postal Address:	Suburb:	Postcode:
Phone: () 	Email:	

BILLING CONTACT – invoices for membership renewal will be sent to this contact

Please select one:

Managing Agent

Representative 1

Representative 2

PRIVACY POLICY

OCN respects your privacy. The organisation maintains a database of names, addresses and other information relevant to membership of OCN. Any personal information collected is for the primary purpose of providing you with quality membership and training services. All information collected is treated as confidential and we do not make this information known to other organisations without your consent. You have the right to gain access to your information at any time. Any privacy related enquiries can be directed to the OCN executive via secretary@ocn.org.au

OFFICE USE ONLY

<u>Complete</u> Form Received: / /	<input type="checkbox"/> MYOB	<input type="checkbox"/> Welcome email – Representative 1	<input type="checkbox"/> Website Login – Representative 1
		<input type="checkbox"/> Welcome email – Representative 2	<input type="checkbox"/> Website Login – Representative 2
Payment Received: / /	<input type="checkbox"/> Membership Database		<input type="checkbox"/> Email Discussion list invitation - Representative 1
Membership Approved: / /			<input type="checkbox"/> Email Discussion list invitation– Representative 2