



**Katherine Community Markets Association
Annual Renewal of Membership Form**

Name of Applicant:

_____ Signature _____

Category of membership: (Please Circle)

Level 1 (\$20) – full membership with voting rights at general meetings

Level 2 (\$5) Associate member – No voting rights, covered by insurance

Residential Address: _____

Mailing Address (if the same as the residential address, write “As above”):

Contacts:

Phone: _____

E-mail: _____

KCMC use only:

Date renewal received: _____

Date Annual payment made: _____ Receipt No: _____