MEMBERSHIP FORM



ANNUAL CSA MEMBERSHIP	PTYPE Please tick	one option below.				
O \$ 10 - Pensioner/Concession	O \$ 20 - Resident	O \$50 - Business	O Sponsorship - POA*	Membership period runs 1 July to 30 June.		
CONTACT DETAILS						
Business Name:			Contact Name:			
Street:		Suburb:		State:		Postcode:
Email:			Phone:		Fax:	
PAYMENT DETAILS		Total due: \$	O Cash O Cheque	O Direct		
Direct Deposit: City South Associati	on BSB: 015-025 Acc N	lo: /1988-03723 (Ilse you	r name as a reference and emai	l vour details to	coordinator@c	itysouth ora au)

Send form/payment to: Treasurer I City South Association I c/- PO Box 6733 Halifax St Adelaide SA 5000. Please make cheques payable to City South Association. *Sponsorship opportunities are also available, please email coordinator@citysouth.org.au for more details.

FEEDBACK FORM Tell us what you think!



WHAT DO YOU WANT IN YOUR LOCAL AREA?

Can be anything from safety measures to housing, business support, attractions, events, art... etc.

Please send form to: Coordinator | City South Association | c/- PO Box 6733 Halifax St Adelaide SA 5000 or email your feedback to coordinator@citysouth.org.au