

CHANGE OF DETAILS FORM MEMBER



Section 1: Your details

Full Name:	
Date of Birth:	
Member ID:	MEM-

Section 2: Contact Details (If applicable)

Residential address:	
Postal address:	
Mobile number:	
Email address:	

Section 3: Banking Details (If applicable)

Bank:			
Account Name:			
BSB:			
Account Number:			
Current Payments:	KML Beneficiary Payment (DBT)		Heritage survey/Other paid work

Section 4: Member Declaration

By signing I declare that the information provided is true and correct to the best of my knowledge.

Signature:		Date:	
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Please send completed forms and supporting documents to RRRKAC by:

Email: memberservices@rrkac.org.au

Mail: RRRKAC PO Box 1944, KARRATHA WA 6714

Or in person at Unit 5/9 Hedland Place, Karratha WA 6714

If you have any queries, please contact us on (08) 9185 5005

Date received:

OFFICE USE ONLY:

Accepted/Rejected

Entered into CTMS