

I wish to apply for membership of Communify Queensland Inc.

I agree to abide by their rules and regulations as prescribed by their Constitution.

MEMBER DETAILS

Name: _____

Address: _____

Postal Address: _____

Phone: h _____ m _____ w _____

Email: _____

MEMBERSHIP CLASS

Please tick the appropriate class of membership:

- Concession \$2.00
- Individual \$5.00
- Organisation \$20.00
- Reciprocal N/A

CONSENT

Dated this day _____ of the month _____ in the year _____

Name: _____

Signature: _____

To return electronically, please tick to acknowledge consent: Yes No

OFFICE USE ONLY

Receipt No. _____ Amount _____

Signed: _____ Date _____

CQ3

23/02/07

communify
ignite change Qld

- aged and disability services
- childcare
- community development
- emergency relief
- family and individual support
- community education
- home assist secure (inner west)
- mental health services
- recreation
- venues for hire