THE KYTHERIAN ASSOCIATION OF QUEENSLAND

MEMBERSHIP APPLICATION

Applicant Details

Title…… Full Name…….

DOB……

Email…… Mobile……

Address……

State…… Postcode …… Home Phone ……

Preferred contact is by Email ☐ or tick Mail ☐ or Phone ☐ if you prefer

Membership Payment is $15 for a single person

- Payment covers Membership until 30th June 2023
- Preferred payment option is by Electronic Funds Transfer (EFT) to Kytherian Association of Queensland BSB: 064 128 Account number: 1032 0453 with reference being your Surname and Contact Number
- Members using EFT need to email their application form to admin@kytheraqld.org.au
- Other payment options are cheque or cash sent with application form to PO BOX 5219 West End QLD 4101

I, …… (full name) wish to apply for Ordinary Membership of the Kytherian Association of Queensland. By applying for membership, I agree to abide by the Constitution of the said Association.

……	……	……
Applicant's Signature	Proposer's Name	Signature
……	……	……
Date	Seconder's Name	Signature

KYTHERIAN ASSOCIATION OF QUEENSLAND INC
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ABN 92 461 645 180