



MEMBERSHIP APPLICATION

For new member applications only - for any renewals, please complete the online renewal form - www.kytheraqlld.org.au

Applicant Details

Title Full Name

DOB

Email Mobile

Address

State Postcode Home Phone

Preferred contact is by Email or tick Mail

Membership is based on Calendar year - (1 January to 31 December)

Membership Payment is \$15 for a single person for One (1) year or \$40 for Three (3) years (please circle choice)

- Payment covers Membership as financial member of Kytherian Association of Qld based on one (1) year or three (3) years
- Preferred payment option is by Electronic Funds Transfer (EFT) to Kytherian Association of Qld BSB: 064 128 Account number: 1032 0453 with reference being your Initial and Surname
- Members using EFT need to email their application form to admin@kytheraqlld.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 QLD INC

PO Box 5219 | West End Qld 4101 | Mobile 0433 183 276
Email admin@kytheraqlld.org.au

Facebook: [thekytherianassociationofqld](https://www.facebook.com/thekytherianassociationofqld)
Instagram: [kytherian_association_of_qld/](https://www.instagram.com/kytherian_association_of_qld/)

ABN 92 461 645 180
www.kytheraqlld.org.au

