

Cairns Spiritual Centre Inc. Membership Application Form

PLEASE PRINT CLEARLY

Full name:*

Email:

Address:*

Phone: Mobile:

Class of Membership: Ordinary () Junior ()

I, the undersigned, have read and understood the Cairns Spiritual Centre Inc. philosophy and objects. I will adhere to them for the highest good of all other members. I understand that the Management Committee may exercise its discretion to terminate my membership if, in its opinion, my conduct does not reflect them.

Signed: Date:

Proposer: I (name), being a financial member of the Cairns Spiritual Centre Inc., propose that (name) be accepted as a member of the Association.

Signed: Date:

Secunder: I (name), being a financial member of the Cairns Spiritual Centre Inc., support this proposal.

Signed: Date:

(*) denotes a mandatory field

FOR OFFICE USE:

The membership fee for the application has been received ()

The applicant has been advised of the public liability insurance and the amount of the insurance ()