

APPLICATION FOR MEMBERSHIP

I, support the Charter, values and service principles of Mamre Association Inc, and apply for membership.

Signed:..... Date:.....

TitleName

Address

..... Post Code

Phone (w)Phone (h)

Mobile (m)..... Email

Would you like the Governance Board to propose your nomination? Yes No

Proposer (name) (Signature).....

Seconder (name) (Signature).....

Membership

Renewal

There is no Membership Fee

Mamre has Public Liability Insurance for \$50,000,000 with Catholic Church Insurance Limited

I would like to make a donation to Mamre Association Inc for the amount of:

\$5 \$10 \$20 \$30 \$40 \$50 \$.....

(All figures include GST)

Signature: Date:

CHEQUES OR MONEY ORDERS

Please make cheques or money orders payable to:

“Mamre Association Inc” ABN 54 858 607 455

CREDIT CARD AUTHORISATION

Please charge my:

Bankcard MasterCard Visa the sum of \$

Card No:

Expiry: Name:

Signed:

All Donations are tax deductible

Please send to: Business Manager
Mamre Association Inc.
40 Finsbury Street
Newmarket Q 4051