

MEMBERSHIP APPLICATION FORM

PLEASE PRINT

Title: _____ First Name: _____ Surname: _____

Organisation: (If applicable) _____

Address: _____

Suburb: _____ Postcode: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

I am applying for **Membership** (GST inclusive):

- Ordinary \$15.00** Associate: Individual - \$35.00
 Ordinary Client rate -\$1.00

I hereby declare that:

1. The information supplied in this application is true and correct;
2. I have not been refused admission to, or been removed from, any other organisation;
3. If admitted as a member, I agree to be bound by the Constitution and By-Laws of All About Living Inc now in force or which may hereafter from time to time be in force;
4. I have been informed that the Association holds public liability insurance of \$20M.

Signed: _____ Date: _____

Please forward this application to:

The Secretary
All About Living Inc
PO Box 1131
Nathan Street Post Office
BRIGHTON QLD 4017
Phone: 3269 1915
Fax: 3269 2718
Email: info@allaboutliving.com.au
Web: www.allaboutliving.com.au

**Membership fees can be paid by cash,
cheque, direct debit or BPay.**

In person: 28A Lagoon Street
Sandgate Qld 4017

Bank Account:
BSB 064 124
A/C NO 1011 4570
Please add Name as reference

BPay:
Please contact the office on **3269 1915**

OFFICE USE ONLY

Application Received Date: ____/____/____

Proposer Name: _____

Proposer Signature: _____

Second Name: _____

Second Signature: _____

Accepted By Board: ____/____/____

Board Member Signature: _____