

# Cairns Tropical Pride Inc. Membership Application

For 1st November 2018 - 31st October 2019

Cairns Tropical Pride Inc. is a Not-For-Profit Association



Please note that all applicants must be proposed by one member of the association and seconded by another member.

Name of applicant: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Name of proposer: \_\_\_\_\_ Signature of proposer: \_\_\_\_\_

Name of seconder: \_\_\_\_\_ Signature of seconder: \_\_\_\_\_

Cairns Tropical Pride Inc. will use email as its primary method of contacting members.

Essential notices will only be posted to members who do not have email addresses.

I hereby apply to become a member of Cairns Tropical Pride Inc. and agree to support the objectives of the association.

Cash payment - annual subscription fee of \$5.00 is enclosed (cheques to Cairns Tropical Pride Inc). Postal Address: Cairns Tropical Pride PO Box 6344 Cairns Qld 4870

Direct deposit (with your name as the reference or transaction description)  
Account Name: Cairns Tropical Pride Inc BSB: 064 836 ACC: 1038 2340  
Please email [cairnstropicalpride@gmail.com](mailto:cairnstropicalpride@gmail.com) to advise your payment.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ***For committee use:***

*This application has been accepted / rejected by the committee*

*New member notified*

\_\_\_\_\_  
*President, Cairns Tropical Pride Inc.*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

## ***For secretary's use:***

*Membership fee received*

*Receipt Issued*

*Recorded in register of membership*