

CARINGA MEMBERSHIP APPLICATION

CARINGA'S DETAILS

ACN	137 757 450	ABN	57 250 634 865
PHONE	02 6640 9300	EMAIL	reception@caringa.com.au

YOUR DETAILS

NAME	
OCCUPATION	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
HOME PHONE	
MOBILE	
EMAIL	

YOUR DECLARATION AND ANNUAL MEMBERSHIP

I as named above, Hereby apply for membership of Caringa Enterprises Limited (a company Limited by Guarantee) and agree that I am and will be an active and bona fide supporter of the Objects of the Company and that I will abide by and comply with the Company's Constitution

I acknowledge receiving a copy of the Constitution and confirm my acceptance of Clauses 5, 7, 15.3 and 17

CEL DOC-014 Caringa Enterprises Limited Constitution Version Number (This can be found in the footer of CEL DOC-014)	v
Enclosed is my annual Membership fee	\$

SIGNATURE	
DATE	