

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	
<p>I, as named above, hereby apply for membership of Caringa Australia Limited (a company Limited by Guarantee) and agree that I am and will be an active and bona fide supporter of the Objectives of the Company and that I will abide by and comply with the Company's Constitution.</p> <p>I acknowledge receiving a copy of the Constitution and confirm my acceptance of Clauses 5, 7, 15.3 and 17</p>	
CAL DOC-014 Caringa Australia Limited Constitution Version Number 5	
If your application is approved, you will be invoiced for your \$10 membership fee.	\$ 10.00
SIGNATURE	
DATE	