



FRIENDS of GOD'S ACRE Inc.

MEMBERSHIP APPLICATION FORM

PLEASE PRINT CLEARLY

ALL APPLICATIONS FOR MEMBERSHIP MUST BE SENT TO THE FOLLOWING ADDRESS: Attention The Secretary 8 Wilpowell St, Oxley 4075
Postal orders or cheques please

PERSONAL DETAILS

FIRST NAME _____	LAST NAME _____
ADDRESS _____	SUBURB _____ POST CODE _____
CONTACT PHONE NUMBER _____	MOBILE NUMBER _____
EMAIL ADDRESS _____ @ _____	
I HEREBY APPLY FOR MEMBERSHIP OF "FRIENDS of GOD'S ACRE INC". I UNDERSTAND & AGREE TO ABIDE BY THE RULES OF THE ASSOCIATION.	
SIGNED: _____	DATE: / /
APPLICATION PROPOSER: _____	SIGNATURE: _____
APPLICATION SECONDER: _____	SIGNATURE: _____
N B: EACH MEMBER APPLICANT MUST BE PROPOSED & SECONDED BY A CURRENT MEMBER OF THE ASSOCIATION	

MEMBERSHIP TYPE

<input type="checkbox"/> ORDINARY MEMBERSHIP \$5 PER YEAR	<input type="checkbox"/> FAMILY MEMBERSHIP \$10 PER YEAR
<input type="checkbox"/> PERPETUAL ORDINARY \$50	<input type="checkbox"/> PERPETUAL FAMILY \$100
<input type="checkbox"/> LIFE MEMBERSHIP - COMMITTEE NOMINATIONS ONLY	<input type="checkbox"/> HONORARY MEMBERSHIP - COMMITTEE NOMINATIONS ONLY

ASSOCIATION WITH GOD'S ACRE CEMETERY

THIS SECTION IS OPTIONAL

PLEASE PROVIDE THE NAMES OF RELATIVES BURIED AT THIS CEMETERY (IF APPLICABLE) THIS WILL ASSIST US TO BETTER UNDERSTAND EACH MEMBER'S ASSOCIATION TO THE CEMETERY.	
NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____
<input type="checkbox"/> NO DIRECT ASSOCIATION - JUST INTERESTED IN THE CEMETERY / LOCAL HISTORY ETC (PLEASE ATTACH A SEPARATE LIST IF REQUIRED)	

CAN YOU HELP?

PLEASE TICK ANY APPLICABLE BOXES TO INDICATE POSSIBLE INTEREST	
<input type="checkbox"/> I MAY BE ABLE TO ATTEND WORKING BEES	<input type="checkbox"/> I WOULD LIKE TO MAKE A DONATION \$ _____
<input type="checkbox"/> I HAVE PHOTOS / DOCUMENTS / INFORMATION ETC REGARDING THE CEMETERY	
<input type="checkbox"/> OTHER EG: SPECIFIC SKILLS, CONTACTS, INTERESTS ETC THAT MAY BE ABLE TO ASSIST _____	

APPLICATION PROCESSING

APPLICATION ACCEPTED	DATE: / /	SECRETARY INITIALS: _____
MEMBERSHIP PAYMENT RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____ CURRENT UNTIL JUNE / 07 / 08 / 09 / P
<input type="checkbox"/> APPLICATION REJECTED REASONS FOR REJECTION: _____		