



CAIRNS AFRICAN
ASSOCIATION

ABN: 95479821685 - Inc No: 1A41669
P O Box 14081, Mount Sheridan, 4868, Queensland

MEMBERSHIP FORM
ANNUALLY JANUARY – DECEMBER

APPLICANTS INFORMATION

NAME: _____

CONTACT NUMBER: _____

EMAIL: _____

ETHNICITY: _____

DATE OF BIRTH (not mandatory): _____

TYPE OF MEMBERSHIP

(TICK ONE)

- ORDINARY MEMBER** (Of African descent and family members living in Cairns (with full voting rights) - \$35 AUD / Year.
- FRIENDS OF AFRICA** (Your love for Africa and support to the African community.) (no voting rights) - \$75 AUD / Year.
- CORPORATE PARTNERS** (request for package with information on benefits:)
info@cairnsafricanassociation.com

PAYMENT DETAILS

Name: Cairns African Association Incorporated
Bank: Commonwealth Bank of Australia (CBA)
BSB: 064-804
Account: 1381 0226

DATE: _____

SIGNATURE: _____

If you want to go quickly, go alone. If you want to go far, go together. ~ African proverb