Life Membership **Application Form**

Incorporation Number: IA 40338

					y apply for the Gold Coast y the GCHCA constitution, ng activities:	
Fine Arts	[]	Cultural	[]	Education	[]	
Social	[]	Maintenance	[]	Fundraising	[]	
XSignature of A	pplicant			Date		
Title: First Name:				Last Name:		
		ld:				
		(for Responsible Pers				
Male/ Female:				Date of birth:/		
Postal Addre	ess:					
Home Phone	2:			Office Phone:		
Mobile Phone:			Email:			
Membership Fee: \$ 1.00 Donation: \$ 5,000.				Total: \$ 5,001.00		
[] cheque	I] money order		[] direct credit to the	ne bank account	
GCHCA Common Account - BSB: 064-474 Account: 1048 8230						
GCHCA Build	ding Donation A	ccount - BSB: 064-474	Account: 104	18 8900 (donations of \$2	or more tax deductible)	
				ciation/ one of the GC be admitted as a Life N	hereby pledge to CHCA Trust funds plus Member.	
Signature: X	,			Date:		
		ese the above applicates of the Association			am a Founder Member me foryears, as a	
		nd the above applicant ship of the Association			am a Founder Member me foryears, as a	
000 11 0	7					
Office Use Of President:	<u>nıy</u>	Approved Date:	Receip	ot No.: Memb	ership No.:	