



Membership Application Form

Full Name: _____
Postal Address: _____
Office Phone: _____ Mobile: _____
Email Address: _____
Church/Ministry: _____
Leadership position in church/ministry: _____
Denomination or Affiliation: _____

I have read, and I agree to abide by, the Constitution:

I have paid the yearly Membership fee (incl. GST):

Senior pastor/minister/ministry leader \$120

(The following two categories are available only after a full membership is taken out)

Associate pastor/minister/ministry leader \$60

Spouse of pastor/minister/ministry leader \$30

Please return completed form to:

accounts@cairnschurches.net.au

or

Cairns Christian Ministers Network

C/- PO Box 281

Cairns North QLD 4870

BANK DETAILS:

Name: Cairns Christian Ministers Network

BSB: 034-664 **ACCOUNT:** 281445

Please use your name as the reference

www.cairnschurches.net.au