



Membership Application Form 2023

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 with, the CCMN Constitution:

I have paid the yearly Membership fee:

Senior pastor/minister/ministry leader \$132 (incl. GST)
(The following two categories are available only after a full partnership is taken out)
Associate pastor/minister/ministry leader \$66 (incl. GST)
Spouse of pastor/minister/ministry leader \$33 (incl. GST)

Please return completed form to:

accounts@cairnchurches.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.cairnchurches.net.au