



**CYRIL YOUNG MEMORIAL CHAPEL ASSOCIATION INC
APPLICATION FOR MEMBERSHIP 2023/2024**

I (*name*) hereby apply to become a member of the Cyril Young Memorial Chapel Association. I support the purpose and objectives as set out in the rules of the Association, agree to comply with the rules and to pay the annual \$20.00 membership fee.

Signed: Date:

Postal address:

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Email address: Phone:

PAYMENT DETAILS

Account Name: Cyril Young Memorial Chapel Association Inc
BSB 633000 Account Number 164100026

Please reference your name in deposit.

Completed forms or queries can be emailed to Kate.young61@gmail.com or mailed to CYMCA Inc, PO Box 307, Shoreham 3916.

