



**CYRIL YOUNG MEMORIAL CHAPEL ASSOCIATION INC  
APPLICATION FOR MEMBERSHIP 2024/2025**

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: .....

.....

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](mailto:Kate.young61@gmail.com) or mailed to CYMCA Inc, PO Box 307, Shoreham 3916.

