



# Kallangur Business Association Inc. Membership Application Form

Renewal

Applicant Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook Page: \_\_\_\_\_

Moved By: \_\_\_\_\_ Seconded By: \_\_\_\_\_

**The applicant agrees to be bound by the Constitution of the Kallangur Business Association Inc.**

Signature of Applicant: \_\_\_\_\_

Kindly complete and return to PO Box 343, Kallangur, QLD 4503,  
or email a scanned copy to [KallangurBusinessAssociation@gmail.com](mailto:KallangurBusinessAssociation@gmail.com).

## Office Use Only:

Member Fee \$25      Receipt No: \_\_\_\_\_      Date Received: \_\_\_\_\_

Approved at Meeting Held: \_\_\_\_\_