

TAX INVOICE
ABN: 98 544 197 890

PO Box 740 Burleigh Heads Qld 4220
 E-mail: admin@gcys.org.au
 Phone: (07) 5572 0400

GCYS Annual Membership - 1 July 2024 to 30 June 2025

Please tick relevant Application box:

Renewal Application

New Membership Application – must be over 18 to become a member

Individual/ Family Name: _____

Or Organisation Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please tick relevant membership category box:

Student/Pensioner/Unemployed \$5.50 *includes GST*

Individual or Family \$22.00 *includes GST*

Organisation \$55.00 *includes GST*

Please tick relevant membership type:

Association Member (*employed by GCYS or if a government organization*)

Voting Member

Please tick relevant payment method

Direct Deposit to GCYS: BSB: 034-238 Account Number: 410750 Reference: Your Name

Cheque payable to Gold Coast Youth Service Inc Cash

OFFICE USE ONLY for new members:

PROPOSER: _____

SECONDER: _____

New Membership Application * APPROVED / NOT APPROVED at GCYS Meeting held on: _____

Secretary's Signature: _____

Thank you for registering your interest in becoming a member of GCYS
If you are a new member: Approval of your membership will be tabled at the next GCYS Management Committee meeting, and you will be advised in writing of the outcome.

Once completed please email to admin@gcys.org.au