



MCPAI

Maryborough City Progress Association Inc.

Positive Promotion & Progression for Business & Community

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION		
Name:		
Current Address:		
City:	State:	Post Code:
Email Address:		
Phone:	Mobile:	
ADDITIONAL INFORMATION		
Are you affiliated with a local business?		
Business Name:		
Your role:		
Have you ever been declared bankrupt?		
Have you ever been charged with Fraud?		
Nominating Financial Member:		
Signature of Nominating Financial Member:		
MEMBER SIGNATURE		
I agree to abide by the rules of the constitution.		
Signature of Applicant:		Date:

OFFICE USE ONLY

Membership Paid: <input type="checkbox"/>	Amount:	Receipt Number:
Office Bearer Signature:	Office Bearer's Name & Role:	Date:

ANNUAL MEMBERSHIP RENEWALS

Date	Amount	Receipt Number	Office Bearer's Signature	Office Bearer's Name & Role

