



Application for Membership Sunrise Way Therapeutic Community Association

**THERAPEUTIC
COMMUNITY**

Personal Details (please print)

Surname Title Ms Miss Mrs Mr

Given Names

Please provide either your business or private address.

Business Address Is this your preferred contact address Yes No

Street address or PO Box

City State Postcode

Phone Fax Mobile

Email

Private Address Is this your preferred contact address Yes No

Street address or PO Box

City State Postcode

Phone Fax Mobile

Email

Signature Date

Membership Subscription – Fees and Methods

Membership - \$25 due annually (financial year)

Payment Methods:

You may pay for your Sunrise Way membership by the following methods:

1. Cheque – payable to “Sunrise Way Therapeutic Community Association”
2. Money Order – payable on a bank in Australia or Australia Post
3. Cash – direct to the Treasurer or Secretary.

Please mail your completed Membership Application Form and payment to

**The Secretary
Sunrise Way Therapeutic Community Association
PO Box 2885 Toowoomba QLD 4350**

Doug Harland President Ph: 0418 987 662
Treasurer/Secretary Linda Davies Ph: 0408 559 801

www.sunriseway.com.au
ABN 54 916 520 781