



Kahirup Society of Queensland
P.O. Box 1443, Toombul. QLD. 4012

Membership Form

Name: _____ **Occupation:** _____

Home Address: _____

Tel No: _____ **Special Skills:** _____

Business Address: _____

Tel No: _____

Marital Status: _____ **No. of Children:** _____

Wife/Husband Name: _____

Children's Names:

_____	_____
_____	_____
_____	_____

Application Date: _____

Please enclose membership fee of **TEN DOLLARS**.
