

Joining Fee is **\$1.00** per person (once only)

Membership fees are **\$20.00** per person (per year) All fee rates are GST inclusive.

Membership of the Association applies from 1 July to 30 June for each financial year.

Applications for Membership received after 31 March each year, will be applied to the following financial year.

Karinya House Home for Mothers & Babies Inc. is a community based, non-denominational organisation and its objects are:

1. to provide support services and facilities for women:
 - (a) who are pregnant and without appropriate accommodation and support to enable them to continue with their pregnancies; or
 - (b) who have recently given birth and are in need of appropriate accommodation and support for themselves and their babies;
2. to acquire, by purchase, lease, gift or otherwise, and either alone or in Association with one or more incorporated bodies that have similar objects, premises, in which to care for women who are pregnant or who have recently given birth to a baby and who would otherwise have inadequate material support and assistance;
3. to manage the premises with love, concern and compassion;
4. to encourage and support educational opportunities for women who are clients of Karinya House Home for Mothers & Babies Inc.;
5. to provide appropriate information, counselling and referral for further assistance to pregnant women;
6. to access and raise funds to meet its capital and operating costs; and
7. to provide a corporate structure for the receipt of moneys and other property from the Karinya House - Home for Mothers and Babies Trust.

Please complete the form and return to:

Karinya House, PO Box 7239 Kaleen ACT 2617

For further information please call 6259 8998

ABN 19 764 870 539

Mr, Mrs, Ms, Other: First Name: Surname:

Address: Postcode:

Telephone: Email:

I, in agreeing with the objects of Karinya House Home for Mothers & Babies Inc, hereby apply to become a member of that Association. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Date: Signature:

Please find enclosed my cheque/money order in the amount of: **\$21.00 / \$20.00** or

I authorise a single deduction from my credit card amounting to: **\$21.00 / \$20.00**

**Please circle amount*

Please debit my card: Visa Mastercard

Card number: CCV:

Expiry: / Signature:

How are you connected to Karinya House?

Office Use Only

I, _____ a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

Date: Signature: