



Hospice of Mother Tara

Buddhist Meditation & Healing Centre

3/2B Victoria St, Bunbury, Western Australia 6230 • Phone 9791 9798

Information for Prospective Members

There are 3 types of membership:

- Single Membership \$132 p/a
- Family Membership \$198 p/a
- Concession Card Holder \$66 p/a

Members are given two payment options

- Once a year on Oct 1st or
- Twice Yearly on Oct 1st and April 1st.

Upon approval of nomination the nominee will be notified in writing and requested to pay the sum payable under the rules by a Member as entrance fee and annual subscription. At this time they would be requested to indicate their preferred payment option.

Newsletter Subscription Option

For those not wanting to become a full Member but would like information on programs and activities available at the Centre are invited to subscribe to the Newsletter (4 issues per year).

Name.....

Address

.....

..... Postcode

Email

Home/day Phone

There is an downloadable version available from our website, however if you wish to receive a copy of the Newsletter through the mail, the cost is \$20 p/a.

YES, I wish to receive the Newsletter by post (to the address above), please tick.

I wish to make a donation of \$

Please charge my:

Bankcard Visa Mastercard \$.....

Card No: / /

Expiry Date

Cardholder's Name

Signature.....

Date.....

Please contact me about being a Volunteer YES NO

Application for Membership

NOMINATION

I
Full name of applicant

of (address).....

.....

..... Postcode

Email

Home/day Phone

Occupation

Hereby apply to become a Member of the abovenamed incorporated centre. In the event of my admission as a Member, I agree to be bound by the rules of the Centre, for the time being in force.

Please tick membership required

- Single membership \$132 p/a**
- Family membership \$198 p/a**
- Concession Card Holder \$66 p/a**

Please note the payment will be requested, after committee approval, as part of your Welcome letter.

APPLICANT:

Signature Date / /

PROPOSER:

I, *full name*.....

A Member for the Centre, nominate the applicant, who is personally known to me, for Membership of the Centre.

Signature Date / /

SECONDER

I, *full name*.....

A Member for the Centre, second the nomination for the applicant, who is personally known to me, for Membership of the Centre.

Signature Date / /

(Office use) Committee approval date / /
Welcome letter sent date / /