



KIDZLINK NORTH QUEENSLAND

REGISTRATION FORM FOR ADULT MEMBERS

Name:.....

Address: :.....

.....

Post: :.....

Telephone No.: :.....

Email address: :.....

Fax No.: :.....

PARISH: :.....

I'm involved in the following children's ministry (name under which you operate) :

.....

Membership fee for the year is \$10 per adult member.

Note: There is no cost for children.

Please make all cheques payable to –**Kidzlink North Queensland.**

Office use:

Membership fee received on.....

Signed.....Diocesan Chairman/Treasurer