THE HILLS SPIRITUALISTS CENTRE inc

ABN 22 561 825 896
32 Hope Street, SEVEN HILLS, NSW, 2147
Email: hills.spiritualist.centre@gmail.com

Membership Application **1st July 2026 - 30th June 2027**

MEMBERSHIP FORM

Mermbership Type: (please tick one)	**NEW**		**RENEWAL**	

Name:			
Address:			
Suburb:		**Post Code:**	
Birthday (DD/MM):			
Phone/Mobile:			
Email Address:			

How did you hear about us?

Membership Fee (please tick One)	**Adult:**	**Concession:**	**Concession Type**		**Pension** **Seniors** **Disability**
	$30.00	**$20.00**			
Payment type: (please tick One)	**CASH**	**EFTPOS**	**Direct Bank Transfer**	**BSB: 062-336** **Acct: 28025948**	

I agree to abide by the rules of the centre and as set out in the constitution

Signed:		**Date:**	

OFFICE USE ONLY

Concession Type Sighted (Y/N)		Other	
Approved by:			
Date Approved:			
Entered into Membership Register - Date:			