



Please return the completed form to Nerida Collard **by 23 August 2021** via email at [neridac@leprosymission.org.au](mailto:neridac@leprosymission.org.au)  
or mail to PO Box 293, BOX HILL, VIC3128

<b>Title:</b>	
<b>First Name:</b>	
<b>Last Name</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Home Phone:</b>	
<b>Mobile Phone:</b>	
<b>Email:</b>	
<b>Church Membership:</b>	

I hereby apply for Membership of **The Leprosy Mission Australia**:

- ☐ As a State Representative for \_\_\_\_\_ (state)  
☐ As a General Representative

Please tick the appropriate box:

**I affirm that I:**

- Am a resident of Australia
- If applying as a State Representative I am a resident of that state as noted above.
- Am a Christian committed to Jesus Christ as Lord

**I have access to and have read the [Constitution of The Leprosy Mission Australia](#) and agree to the following:**

- I subscribe to and will abide by the Principle Purpose of The Leprosy Mission Australia set out in Section 2.1(b)
- I agree to abide by the Terms set out in Section 3
- Subscribe to the Doctrinal Basis set out in Schedule 2
- I agree to the liability of the Guaranteed Amount of \$10 set out in Section 3.3 (b) and 8.12

**My “why” for focussing on leprosy is:**

Enter Text Here

*If insufficient space attached additional document.*

**I confirm that I desire to support the work of The Leprosy Mission Australia through the following activities:**

**Enter Text Here**

*If insufficient space attached additional document.*

**My story of involvement in The Leprosy Mission, ministry or other mission related activities is:**

**Enter Text Here**

*If insufficient space attached additional document.*

**Please list two people who can give you a reference**

<b>1. Name</b>	
<b>Phone</b>	
<b>Email</b>	
<b>2. Name</b>	
<b>Phone</b>	
<b>Email</b>	

**Signature**

**Date**