

**KARRALIKA PROGRAMS INC.**  
**MEMBERSHIP APPLICATION FORM**

I hereby apply for membership to Karralika Programs Inc. If my membership is accepted, I undertake to support the objectives and purposes of the association.

The basic objectives of the association are: To support the re-integration of individuals and families into the community through the provision of high quality, individualised, case-managed treatment programs for adults and families with alcohol and other drug dependencies.

**APPLICATION DETAILS**

Name of agency/individual: .....

If an agency, name of principal contact: .....

Postal address:  
.....  
..... Postcode: .....

Type of agency/ occupation: .....

Telephone (wk): ..... (h): ..... (mob): .....

Email address:.....

Facsimile: .....

Signature: ..... Date: .....

Nature of your interest in joining: .....

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Membership fee:                       Agency \$20.00                       Individual \$10.00

**Office use only**

Nominated by Karralika Programs Inc. member: .....

Seconded Karralika Programs Inc. member: .....

Date paid                                      Receipt No.                                      Amount \$.....