



**Maleny Supa IGA
Community Benefit Club**



Application for a: New Group/Group Renewal

Group Name:*			
Contact First Name:*		Contact Last Name:*	
Phone Number:*		Mobile Phone Number:	
E-mail:			
Date of AGM/ Changeover of Committee Members			
ABN/ACN:*			
Address Line 1:*			
Address Line 2:*			
Town/Suburb:*			
State:*		Postcode:*	
Details For Promotion at www.malenyiga.com.au – for the General Public:			
Group's Website:			
Public Phone No. for Enquiries			
Text About The Group (for promoting the group to the public)			
Store Use Only:	Comments:		
Date Actioned:	Staff responsible:		