

## Men's Kitchen Association Limited Application for Membership

l,	
[full	name of applicant]
of	
[home address]	
Phone number:	Mobile phone number:
Email address:	
Next of kin name:	Next of kin contact number:
Any food allergies:	
Date of birth: / (dd/m	m/yyyy) Are you a veteran? (Y?N)
What is your professional background?	·
What are your skills/interests outside of	ooking?
hereby apply to become a member of t	he Men's Kitchen Association Limited.
Kitchen Association Limited cooking cla cooking instructor and I accept persona	my image. I acknowledge while attending Men's asses and other events all care is taken by the al responsibility for my own wellbeing during this time.
Signature of applicant	Date
[	full name of Proposer] ation Limited nominate the applicant for membership.
Signature of proposer	Date
Seconded By: I,	
Signature of seconder	Date
MKA USE ONLY Membership type:	Date approved:

**Men's Kitchen Association Limited** 

Level 1, 32 The Centre Forestville 2087 Website: menskitchen.org.au

Phone: 0411 476 532

Email: info@menskitchen.org.au