

MEMBERSHIP APPLICATION FORM

Class of membership required (please tick)

Ordinary Associate

Title: _____ Surname: _____ First Name _____

Organisation (if applicable): _____

Mailing Address: _____ Post Code: _____

Phone: (b/h) _____ (a/h) _____ Email: _____

Signature of Applicant: _____ Date: _____

"In accordance with the provisions of the Associations Incorporated Act, addressees are advised that ALARA QLD Limited holds public liability insurance to the value of \$10 Million for any one event.."

Please indicate whether you are (please tick):

a person with a disability a parent or relative of a person with a disability
 a current member an interested community member

Membership Fees (please tick)

Ordinary: \$10 per annum each Associate: \$FREE

Please return completed Application / Renewal form together with any fee required to ALARA (cheques or money orders payable to ALARA QLD Limited).

OR Please charge my (please tick): MasterCard Visa

Card Number: | _____ | _____ | _____ | _____ | Expiry: ____/____

Cardholder: _____ Signature: _____

OFFICIAL USE ONLY

Subscription Receipt No. _____ Membership class: Ordinary Associate

For new members only: Proposed by _____

Seconded by _____

Date of Board Approval: _____

ALARA QLD Limited

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