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: _____

"ALARA QLD Limited has public liability insurance to the value of $20 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: _____

ALARA QLD Limited
8 Warwick Road Ipswich Qld 4305
Phone: 617 3817 0600 | Fax: 617 3812 0450
Email: alara@alaraqld.org.au
Website: www.alaraqld.org.au

ALARA
QLD Limited
Support • Connect • Include

ALARA QLD Limited

Agreement to Guarantee

Dear Member

Under the Corporations Act 2001 (Cth), ASIC requires AQL to have an agreement in writing from each member acknowledging the amount of the guarantee (as set out in the constitution of the company). The guarantee amount is the total amount that each member can be required to contribute if the company is wound up and there are insufficient funds available to pay all outstanding creditors & other debts. The guarantee amount is contained at clause 4(c) of the constitution and is fixed at $10.00.

I agree to the amount of the guarantee of $10.00 contained in clause 4(c) of the constitution of ALARA QLD Limited.

....

....
(Full name and address of the member and if signed by an authorised person that person's name)

..../.............../.........
Signature   *Date*