

MEMBERSHIP APPLICATION FORM

Class of membership required (please tick) Ordinary (\$10.00) Associate (\$Free)

Title:	Surname:	First Name:
Organisation (if applicable):		
Mailing Address:		
Email:		
Phone:	Mobile:	
Signature of Applicant:	Date:	

'ALARA QLD Limited has public liability insurance to the value of \$20million 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

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 and 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

✂

Payment details:

<input type="checkbox"/> Direct Debit: ALARA QLD Limited BSB: 084-742 Account: 556135170 Reference: (SURNAME Member) e.g. SMITH Member	<input type="checkbox"/> Credit Card:		
	Name on card:		
	Card number:	Expiry date:	CVC:

Cash \$10.00 (in person)

Please return the completed Application/Renewal Form together with payment in person or mail to 8 Warwick Road, Ipswich 4305.
Alternatively, the Membership Form can be emailed to alara@alaraqlld.org.au with direct debit receipt details or credit card details provided.