



ASSOCIATE GROUP MEMBERSHIP APPLICATION FORM

To apply for an Associate Group Membership with the Queensland Local Government Reform Alliance Inc. (QLGRA):

- Please complete and return this Membership Application Form to the QLGRA via either email to membership@qlgra.org.au or via post to PO Box 398 Sarina QLD 4737, and
- Pay the \$50.00 Membership Fee, by either; cheque or money order, Direct Deposit to BSB: 124960, Account: 22061203 with a reference of your name, or via the website www.qlgra.org.au under Membership Fee Payment.

All Membership Applications are reviewed and approved by the Management Committee at the next available Management Committee Meeting. Applicants will be advised on the outcome of their application via email. If a Membership Application is declined by the Management Committee a refund of any Membership Fees paid relevant to the Application will be reimbursed to the Applicant.

The Associate Group Membership class is for Groups with a formal structure that support the Objectives of the QLGRA. This Class of Membership is entitled to 1 Group Representative Delegate that may vote at QLGRA General Meetings.

All Memberships Fees are for a financial year period, from the 1st July to 30th June in the subsequent year. All Memberships expire at the end of the financial year.

APPLICANTS ARE ADVISED THAT QLGRA INC DOES NOT HOLD PUBLIC LIABILITY INSURANCE COVER AND YOUR ATTENDANCE AT ANY QLGRA FUNCTION WILL BE AT YOUR OWN DISCRETION.

ASSOCIATE GROUP MEMBER DETAILS

Organisation Details:

Group Name: _____

Group Main Objective: _____

Group Postal Address: _____

Group Email: _____

Please subscribe us to the QLGRA Monthly Newsletter to the above email address: YES: / NO

Group Website: _____



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Group Declaration and Acceptance

I, _____ (print name)

holding the Office of _____ having the authority to act on behalf of

_____ (Group) and in doing so, state that the Group agrees to promote the Objectives of the QLGRA and abided by the rules of the QLGRA Inc as displayed on the qlgra.org.au website under Constitution.

Signature: _____ Date: _____

A Group Representative Delegate can nominate an alternative person to act on their behalf at a General Meeting if they are unable to attend. We would ask that this be advised via email to the QLGRA by the Delegate prior to any General Meetings for record keeping purposes.

Permanent changes to a Group Representative Delegate must be advised in writing to the QLGRA via email to membership@qlgra.org.au.

Associate Group Representative Delegate Details:

DELEGATE 1:

Name: _____

Office Position: _____

Email: _____

Phone: _____ Skype Id: _____

Associate Group Representative Delegate Details:

DELEGATE 2:

Name: _____

Office Position: _____

Email: _____

Phone: _____ Skype Id: _____

QLGRA USE ONLY

DETAILS	NAME		DATE
PURPOSED BY:			
SECONDED BY:			
APPLICATION APPROVED?	YES / NO	APPLICANT ADVISED VIA EMAIL DATE	
		IF DECLINED MEMBERSHIP FEES REFUNDED DATE	