

ASSOCIATE INDIVIDUAL MEMBERSHIP APPLICATION FORM

To apply for an Associate Individual 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 \$10.00 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 Become a Member.
- If you hold a Pension Concession Card issued by either Centrelink or the Department of Veteran's Affairs you may apply for a concession fee of 50%. To apply for a concession fee, you are required to provide evidence.

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 Individual Membership class is for individuals that agree with the objectives of the QLGRA. This class of membership is entitled to one (1) vote to represent their individual membership with the association at the 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 INDIVIDUAL MEMBER DETAILS

Name: _____

Street Address: _____

Town and Postcode: _____

Email: _____

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

Phone: _____ Skype Id: _____

Are you a member of a resident or community organisation? YES: / NO

If yes, then please advise the name of the organisation in the space provided below:

Are you a holder of a Pension Concession Card? YES: / NO

I _____ (print name) agree with in principle with the objectives of the QLGRA Inc and agree to abide by the rules of the QLGRA Inc as displayed on the qlgra.org.au website under Constitution.

Signature _____

Date: _____

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