



GROUP MEMBERSHIP APPLICATION FORM

To apply for a 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 Become a Member.

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 Group Membership class is **for Incorporated Associations** that agree to promote the Objectives of the QLGRA. This Class of Membership is entitled to 2 Group Representative Delegates 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.

GROUP MEMBER DETAILS

Incorporated Association Details:

If your organisation is not an Incorporated Association, then please complete our Associate Group Membership Application Form.

Inc. Association Name: _____

Inc. Association Number: _____

Inc. Association Main Objective: _____

Inc. Association Postal Address: _____

Inc. Association Email: _____

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

Inc. Association Website: _____

Incorporated Association Declaration and Acceptance



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I, _____ (print name) holding the

Office of _____ with the above name Incorporated Association and having the authority to act on behalf that Incorporated Association, state that the Incorporated Association agrees to promote the Objectives of the QLGRA Inc 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.

GROUP REPRESENTATIVE DELEGATE DETAILS

Delegate 1:

Name: _____

Office Position: _____

Email: _____

Phone: _____ Skype Id: _____

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	