

Membership Form



A person/ organisation who supports the purposes of the company is eligible to apply to be a member of Carers Queensland Ltd subject to the Directors endorsement.

Name: _____
Address: _____
Suburb: _____
State: _____ Postcode: _____
Contact Number: _____
Email: _____
Organisation Representative: (if applicable)

- **Please complete one membership category only** and please ensure you sign within the category box to validate your membership
- One form needs to be completed per person

Affiliate

- ✓ Access eligible programs and services
- ✓ Receive FIRST magazine quarterly
- ✓ No fee

Yes, I want to become an affiliate of Carers Queensland Ltd

Yes, I support the purpose(s) of the company

Signature for membership Date

Voting Membership

- ✓ Access eligible programs and services
- ✓ Receive FIRST magazine quarterly
- ✓ Voting Rights

Individual **Organisation**
(\$10 one off fee) (\$50 one off fee)

Yes, I want to become a member of Carers Queensland Ltd

Yes, I support the purpose(s) of the company

Yes, I agree to the amount of the guarantee of \$10 contained in Clause 4 of the constitution of Carers Queensland Ltd.

Signature for membership Date

Carers Queensland Ltd Privacy Statement: Carers Queensland Ltd is subject to the Privacy Act 1988, as amended, and other relevant Commonwealth and State legislation. Information about our Privacy Policies can be found on the Carers Queensland website www.carersqld.asn.au. We will ensure that personal information will only be used for the purpose it was collected.



Payment Method: (Voting members only)

Cash: Only available if paying at your local office

Cheque: Payable to 'Carers Queensland Ltd'

Direct Debit: BSB: 064-107 A/C: 00795112 Ref: Name

Paypal: Visit our website www.carersqld.asn.au

Credit Card:

Visa MasterCard Bankcard

Card No: _____/_____/_____/_____

Name on card: _____

Expiry: _____/_____ Amount: \$ _____

Signature: _____

To submit your form please:

- Complete form online by visiting www.carersqld.asn.au
- Email completed form to corporate@carersqld.asn.au
- **Visit** your local Carers Queensland office to deliver this form
- **Post to:** Carers Queensland, PO Box 179, Holland Park, Qld