



Membership Application Form and Tax Invoice

ORGANISATION

Name: _____

Contact Name: _____
(first name) (last name)

(position in organisation)

Estimated no. of Members: _____

Estimated no. of Members under 18: _____

Website address: _____

INDIVIDUAL OR ASSOCIATE (please circle one)

Name: _____
(first name) (last name)

Age: Under 18 18-30 31-45 45-60 over 60

Sports of interest: _____

Current level of involvement:

Player Coach Administrator Volunteer Supporter Official

ALL TO COMPLETE

Postal Address: _____

Postcode _____

Phone: _____ Fax: _____

Email: _____

On becoming a Member, I/we agree to be bound by the rules of the Association for the time being in force.

Signed: _____ **Date:** ____/____/____

PAYMENT OPTIONS

- Cheque for \$11-00 - Individuals (right to vote)
- Cheque for \$33-00 - Organisations (right to vote)
- Cheque for \$110-00 - Corporate (no vote)
- nil - Associate (no vote)

Post application form and payment to: Indigenous Sport Queensland
PO Box 692
GPO BRISBANE Q 4000

CORPORATE MEMBERSHIP

- Please ring me regarding the benefits of corporate membership

Name: _____

Company: _____

Phone: _____