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.

me:	
dress:	Please complete one membership categor
burb:	only and please ensure you sign within the category box to validate your membership
ite: Postcode:	One form needs to be completed per person
ntact Number:	
nail:	Voting Membership
ganisation Representative: (if applicable)	 ✓ Access eligible programs and services
	✓ Receive FIRST magazine quarterly
Affiliate	✓ Voting Rights
✓ Access eligible programs and services	Individual Organisation (\$10 one off fee) (\$50 one off fee)
✓ Receive FIRST magazine quarterly	Yes, I want to become a member of Carers
✓ No fee	Queensland Ltd
Yes, I want to become an affiliate of Carers	Yes, I support the purpose(s) of the company
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	Signature for membership Date
Carers Queensland Ltd Privacy Statement: Carers Queensland relevant Commonwealth and State legislation. Information about website www.carersqld.com.au. We will ensure that personal information	
*	
Payment Method: (Voting members only)	
Cheque: Payable to 'Carers Queensland Ltd'	

To submit your form please:

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