



Post to: - The Secretary  
P.O. Box 488  
Archerfield Qld 4108

Scan and email to: [secretary@qwrc.org.au](mailto:secretary@qwrc.org.au)

**Membership Application** /  **Membership # \_\_\_\_\_ Renewal Form**

A new form is required each membership (calendar) year to validate your insurance cover.  
Applications received after 1 October each year expire 31 December of following year

**Please complete all details (ONLY ONE PERSON PER APPLICATION - PLEASE PRINT CLEARLY)**

Surname.....

First Name.....Date of Birth.....

Residential Address.....

.....Postcode.....

Postal address.....

.....Postcode.....

Telephone (H).....(Mob).....

Email.....

Group Name [if applicable] .....

**Are you currently a registered independent permit holder (please circle) YES or NO**

**Are you currently an active member of the group mentioned above rehabilitating under the groups permit (please circle) YES or NO.**

**All newsletters and correspondence will be sent to your email address.**

I, the above named, understand and agree that my name and contact details will be stored on a member data base by QWRC for its use and may be circulated to all other members of QWRC around the state. I further understand that these details will not be sold for any purpose. Please tick if you wish for your personal details to be kept Private & Confidential

Signed.....Dated.....

Annual (1Jan-31Dec) Membership AU\$20

**Payment options**

I enclose Cheque / money order for \$..... made payable to QWRC.

**Or**

Direct Deposit to the QWRC bank account at Westpac.

BSB No 034-063 Account number 549477

**Please use your surname as a reference for this transaction**