



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

Scan and email to: 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.

As of the 30th of June 2022 QWRC no longer accepts cash, cheques or money orders.

Direct Deposit to the QWRC bank account at Westpac.

BSB No 034-063 Account number 549477

Surname as reference.

Please enter the same reference (Surname) you used for your QWRC membership application fee transaction OR if your group has paid your QWRC membership fee on your behalf then please enter the reference provided to you by your group here _____.