

## MEMBERSHIP FORM

### A: Personal Details

(please print clearly so we can record correct details)

<b>Organisation</b>	
<b>First Name</b>	
<b>Last Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	

### B: Membership Details

- New     Renew    (please tick)  
 Sports     Recreation     Social     Regional

**Type:** ..... (i.e. basketball, 4wd etc)

### C: Membership Category (please tick)

- Ordinary Association \$80**     **Unconstitutional Association \$20**  
 **Associate \$50**     **Individual \$15**     **Individual - Youth \$10**

### D: Association Details

Incorporation:  Yes  No ABN (if applicable)

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### E: Signature

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please scan form and email to [finance@dsrq.org.au](mailto:finance@dsrq.org.au)

Or mail to

Deaf Sports and Recreation Queensland  
Sports House - South, 866 Main Street, Level 3,  
Woolloongabba Qld 4102