



QUEENSLAND COUNTRY WOMEN'S ASSOCIATION

Associate – Membership Form 2021-2022

Associate members please complete all member details. (under 18's only)

Date:	Member No:	Branch:	Division:
Title: Mrs, Ms, Miss, Dr, Prof		First Name:	
Middle Name:		Surname:	
Postal Address:		Town Suburb or City:	Post Code:
State:	Phone/Mobile:	Email:	
Please list any known allergies:			
Parent/Guardian Title: Mrs, Ms, Miss, Dr, Prof		First Name:	
Middle Name:		Surname:	
Phone/Mobile:		Email:	

Membership	Financial Year	Fee	Tick
1 year	1 July 2021 – 30 June 2022	\$6.78	

Payment is made directly to your Branch by cash, cheque or direct deposit. Direct deposit details will be supplied by the Branch. There are no refunds on any Membership.

By applying to become a Member of the QCWA you are agreeing to abide by the QCWA Constitution, State By-Laws, Policies and Procedures and State Contest By-Laws (Please refer to Branch President for copies).

- I have read, understand and agree to the QCWA Social Media Policy.
- I give QCWA permission to use my name/photograph/image/audio recording/video recording for the purposes of advertising, media publicity, publication, general display or for any other purposes, including but not limited to publications on web sites, broadcasts and any other publications as released to or by QCWA.

Membership Application has been accepted.

Associate full name:	
Guardian signature:	Date:

Branch Treasurers: Please retain a copy of this form at Branch. Send original **Associate Membership Form**, evidence of payment and **Membership Remittance Form** no earlier than the 1 July and no later the 31 August 2021 to: QCWA State Office, 11 Cleveland Street, Stones Corner, Qld, 4120. Email – admin@qcwa.org.au