

# ISQ MEMBERSHIP APPLICATION FORM



## Personal Details

Title	
Name:	
Date of Birth	
Mobile number:	
Email:	
Contact address:	

## Membership Type (Only Tick One) \*

Full Membership (\$30.00 pa)

Concession Membership (\$15.00 pa) Special membership for full-time students, seniors, and pensions.

All members receive a membership card and are eligible for a discount at participating events venues/events. Members have the voting right and authorized to utilize building and facilities as specified in ISQ's Article of Association and Venue Hire Terms and Conditions. **Annual renewal is required.**

## Privacy Statement

ISQ will only collect information that is necessary for the association to undertake its administrative and legal duties.

### Banking Details:

**CBA**

**BSB: 064132**

**Account No: 10081430**

**Description: ISQ.Mem [your name]**

## Terms & Conditions

- You agree to abide by all ISQ policies and procedures and all applicable rules and regulations of the venue/s in which any event/s held by ISQ are held.
- As a community member you acknowledge that you need permission to access the building and facilities on site
- You hereby indemnify ISQ, its staff and volunteer/s and the venue/s in which any event/s are held against any claims in relation to any injury or damage which you may sustain to your person or property.
- You authorize ISQ to obtain emergency medical or other assistance that you may require at your expense, in the case of an emergency.

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- You understand that as part of this application, you will have to make the relevant payment for your class of membership. Otherwise this application will not be considered. Should your application for membership be rejected you will receive a full refund.
- You acknowledge that ISQ has by means of this application advised you that ISQ currently has Public Liability Insurance as required by law.
- You hereby declare that the information provided by you, is true and correct at the time of completing this application, and that you will notify ISQ of any changes to the above details within 14 days, and agree to these terms and conditions.
- These terms and conditions are subject to change without notice, and are available upon request.
- By signing this form, you consent that you have fully read and understood and thoroughly agree to the terms & conditions and the privacy statement

Name and signature of the applicant:

Date:

Please return your completed form to: [membership@isqld.org.au](mailto:membership@isqld.org.au)

Approval Status: (Administration office use only)	
Request Respond:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Note:	