



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

Scan and email to: secretary@qwrc.org.au

Membership Application Form

A new form is required each membership (calendar) year to validate your insurance cover.

Please complete all details

Surname.....

First Name.....

Date of Birth.....

Residential Address.....

.....Post code.....

Postal address.....

.....Post code.....

Shire in which you reside.....

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

(Mob)..... (W).....

Email.....

Note: All newsletters will be sent to your email address unless you tick the box below.

I wish to receive my RnR and QWRC's Quotes by hard copy.

Group Name.....

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.

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 Credit Union Australia
BSB No 814 282 Account number 30644404

Please use your surname as a reference number for this transaction