

**FNQ EMERGENCY SERVICES ASSOCIATION INC
INDIVIDUAL MEMBERSHIP APPLICATION FORM**



APPLICANT INFORMATION

Name:		
Date of birth:	Mobile:	Home:
Current address:		
City:	State:	Postcode:
Email:		

EMPLOYMENT INFORMATION

Current employer:	
Position:	

NEW MEMBER NOMINATION

Nominated by:	Secunder:
Signature:	Signature:
Date:	Date:

PAYMENT DETAILS

Cheque	To: FNQ Emergency Services Association Inc PO Box 14402 MOUNT SHERIDAN QLD 4868
Direct Deposit	Bank: Westpac BSB: 034-193 Account: 421009 FNQ Emergency Services Association Inc

DECLARATION

I confirm that I wish to apply to become a member of the FNQ Emergency Service Association Inc and that:

- I have read the associations rules and policies.
- I agree to abide by the association rules and policies as in force.
- I authorise the association to enter my personal details from this application form into the members registry.
- I authorise the association to send written communication to me by way of email, as required.

AND I declare that the information provided in this application is true and correct.

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INDIVIDUAL MEMBERSHIP APPLICATION FORM**



Signature of applicant:	Date:
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2021 ANNUAL MEMBERSHIP FEES

Membership Type	Annual Fee
Ordinary Member:	\$10.00
Associate Member:	\$5.00

Associate membership - Is open to applicants under 18 years of age at the date of the application. Associate members have no voting rights.

Ordinary membership – Is open to applicants 18 years of age and over at the date of the application. Ordinary members have full voting rights.

How to submit this form:

By Email: - scan and email the completed membership form to the Secretary,
Email: President@fnqesa.org.au

By Post: - Post the completed membership application form (and cheque if applicable) to the Secretary,
FNQ Emergency Services Association Inc at PO Box 14402 MOUNT SHERIDAN QLD 4868

INFORMATION FOR APPLICANTS

Membership is not conferred until this application is approved by the management committee of the association.

If your application for membership is rejected by the committee: You may give notice of your intention to appeal within 1 month of being advised of the rejection (rule 11.2). The Association in a general meeting, no later than 3 months after the secretary receives the appeal, must confirm or set aside the decision of the committee rejecting your application, after giving you a reasonable opportunity to be heard or to make written representations to the general meeting (rule 12).

<p>Office Use only</p> <p>Receipt no: Reference no: Date:</p> <p>Entered into Members Registry</p> <p>Signed:</p>
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