

**ROYAL SCOTTISH COUNTRY DANCE SOCIETY
QUEENSLAND BRANCH INCORPORATED**

MEMBERSHIP APPLICATION / RENEWAL 2017-18

(For membership period 1 April 2017 to 31 March 2018)

Current Members: To renew your membership, complete this form in full and return it, together with your fees, to Ms J Morris, 143 Station Road, Woodridge, QLD 4114 by 31 Mar 2017 or E-mail to jc.morris@optusnet.com.au.

New Applications: To apply for membership, please complete this form, including the signatures of your proposer and seconder, and return it, together with your fees, to **Jenny Morris** at the above address.

2017-18 Membership Fees: Single Membership \$55
Joint Membership* \$100

*Joint Membership applies only where two members are living in the same household.

Please complete all the following details:

Member 1 Title.....Surname..... Given name/s.....
Age Range (please circle) under 27 27-35 36-45 46-55 56-65 65+

Member 2 Title..... Surname..... Given name/s.....
Age Range (please circle) under 27 27-35 36-45 46-55 56-65 65+

Postal Address.....
..... Postcode

Telephone No..... Nominated Club

E-Mail Address *(Please print)*

Ramble Distribution: E-mail..... Posted..... Please Tick your Preference
Please add \$10.00 to your membership fee, if you wish to have the Ramble mailed to you.

I/We wish to *apply for/renew single/joint* membership of the Royal Scottish Country Dance Society Queensland Branch Incorporated. I/We hereby agree to be bound by the rules of the Society and Constitution of the Branch (and future amendments which may be issued from time to time) for the term of **my/our** membership. I/We understand that the Branch does not carry any personal injury insurance, and I/we will be responsible for organising such cover should I/we deem it necessary.

Enclosed please find my / our payment of \$.....being for the single / joint membership and **Ramble postage**, if required.

Total amount enclosed \$.....

Remitted by cash cheque/money order or EFT (Westpac BSB: 034-002, Account no 413904)
(Please clearly identify yourself when using EFT transfer)

Signature of each member named above:

Member 1..... Date___/___/2017

Member 2..... Date___/___/2017

New Applicants Only:

Proposed by (name)..... (Signature).....

Seconded by (name)..... (Signature).....

Office Use Only
Receipt Number _____ Membership Number 1. _____ 2. _____