ROYAL SCOTTISH COUNTRY DANCE SOCIETY
QUEENSLAND BRANCH INCORPORATED

MEMBERSHIP APPLICATION / RENEWAL 2020-21

(For membership period 1 April 2020 to 31 March 2021)

Current Members: To renew your membership, complete this form in full and return it, together with your fees, to **RSCDS Qld Branch Inc, P O Box 58, Kenmore 4069,** by 31 Mar 2020 or e-mail to qldmembers@rscds.org.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 the above address.

2020-21 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**_____/_____/2020

Member 2…… **Date**_____/_____/2020

New Applicants Only:

Proposed by (name)…… (Signature)……

Seconded by (name)…… (Signature)……

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