

Individual Membership Application Form

Queensland Justices Association



| Personal Details | JP Type & Membership Category |
|--|--|
| Have you previously been a Queensland Justices Association Member? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> JP (Qual) <input type="checkbox"/> C.Dec <input type="checkbox"/> JP (Mag Crt) |
| If yes, Queensland Justices Association Member No. | <input type="checkbox"/> JP (Lawyer –appointed prior to 1991) |
| Title (Mr/Mrs/Ms etc) | Date of Appointment ___/___/_____ |
| Given names | Please tick which membership category applies: - |
| Surname | <input type="checkbox"/> Regular Membership \$60.00 |
| Preferred Name for name tags/salutation | <input type="checkbox"/> Concession Membership \$46.00 (Pensioner/Veteran's/Health Care Card holders) |
| Date of birth ___/___/_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-specific | <input type="checkbox"/> I would like to purchase The Guide to JP Practice \$30.00 in Queensland with Membership (inc postage) |
| Email | Payment |
| Mobile | <input type="checkbox"/> Cheque made payable to: Queensland Justices Association |
| Telephone (daytime) | <input type="checkbox"/> Credit Card (Mastercard and Visa only accepted) |
| Postal Address | Card Number _____ / _____ / _____ / _____ |
| City/Town Postcode | EXPIRY ___ / ___ CVN _____ {CVN is the 3 digit number on rear of card} |
| Residential Address (if different) | Cardholder Name |
| City/Town Postcode | <input type="checkbox"/> Direct Debit Account Name: Queensland Justices Association Bank: CBA BSB: 064-184 Account No: 1088 9197 |
| Membership includes a Membership Card, a lapel pin, Membership Certificate and the latest edition of The QJA Journal. Photographs can be included on membership cards if provided. You can send a passport-sized print with your application (with your name written on the back), or a digital image (JPEG saved to at least 200 dpi with a file name that is your name). | Please provide your surname and email admin@qja.com.au with the exact date of transfer and amount. |
| Your subscription will be valid for 12 months from the month of joining. Renewables are payable on the 1 st of the month of membership anniversary. | This document will be a tax invoice for GST purposes when you make payment. Please retain a copy for GST records. ABN 41 009 666 559 |
| Privacy | Declaration |
| Queensland Justices Association ("the Company") is authorised to collect your personal information under the Constitution for the purposes of carrying out the Company's Objects. | I hereby apply to become a Member of Queensland Justices Association. I am registered as a Justice of the Peace or Commissioner for Declarations in the State of Queensland. |
| In addition, the Company intends to use personal information you have provided in this form for a number of purposes including: - | <input type="checkbox"/> I have attached a letter of appointment to verify this |
| <ul style="list-style-type: none"> a. Updating and maintaining membership records b. Providing you with information about the Company and its products and services and matters affecting your membership c. Providing you with information, promotional materials and incentives included as part of your member benefits d. Conducting research to identify the ongoing needs of members | <input type="checkbox"/> I have attached my Certificate of Registration to verify this |
| In accordance with the <i>Electronic Transactions (Queensland) Act 2001</i> , the Company may provide notices by email. By completing this application, your consent to this form of contact is taken to be given. | <input type="checkbox"/> I have been approached by QJA to join; therefore QJA holds evidence of my appointment. |
| Our complete Privacy Policy is available for viewing on our website www.qja.com.au . | I support the Objects and agree to abide by the Company's Constitution, By-Laws and Regulations. These documents can be viewed at our website www.qja.com.au . |
| | I confirm the details contained in this application are true and correct and I accept that should I give false or misleading information, Membership of QJA could be terminated. |
| | Signed _____ |
| | at _____ Date _____ |