Individual Membership Application Form
Queensland Justices Association

Personal Details

Have you previously been a Queensland Justices Association Member? ☐ Yes ☐ No

If yes, Queensland Justices Association Member No.

Title (Mr/Mrs/Ms etc)

Given names

Surname

Preferred Name for name tags/salutation

Date of birth ___/___/_____ ☐ Male ☐ Female ☐ Non-specific

Email

Mobile

Telephone (daytime)

Postal Address

City/Town Postcode

Residential Address (if different)

City/Town Postcode

Your subscription will be valid for 12 months from the month of joining. Renewals are payable on the 1st of the month of membership anniversary.

JP Type & Membership Category

☐JP (Qual) ☐ C.Dec ☐ JP (Mag Crt)
☐ JP (Lawyer –appointed prior to 1991)

Date of Appointment____/____/_____

Please tick which membership category applies: -

☐ Regular Membership $77.00

☐ Concession Membership $60.00
(Pensioner/Veteran's/Health Care Card holders)

☐ I would like to purchase QJA Publication ***The Guide t***o JP Practice in Queensland with $35.00

Payment

☐ Cheque made payable to: Queensland Justices Association

☐ Credit Card (Mastercard and Visa only accepted)

Card Number _____ / _____ / _____ / _____

EXPIRY ___ / ___ CVN _____
{CVN is the 3 digit number on rear of card}

Cardholder Name

☐ Direct Debit
Account Name: Queensland Justices Association
Bank: CBA
BSB: 064-184
Account No: 1088 9197

Please provide your surname and email admin@qja.com.au with the exact date of transfer and amount.

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

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.

In addition, the Company intends to use personal information you have provided in this form for a number of purposes including: -

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

In accordance with the *Electronic Transactions (Queensland) Act 2001*, the Company may provide notices by email. By completing this application, your consent to this form of contact is taken to be given.

Our complete Privacy Policy is available for viewing on our website www.qja.com.au.

Declaration

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.

☐I have attached a letter of appointment to verify this

☐I have attached my Certificate of Registration to verify this

☐I have been approached by QJA to join; therefore QJA holds evidence of my appointment.

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_____

Enquiries and completed payment details:
Queensland Justices Association PO Box 65 Moorooka, Qld 4105
P 07 3392 2455 | admin@qja.com.au
For more information, please visit www.qja.com.au | ABN 41 009 666 559