

Joint Membership Application Form

Queensland Justices Association

NOTE: This form is to be completed by two people who reside at the same address.
Otherwise, please complete the Individual Membership Application Form.



Member #1 Details	Member #2 Details
Have you previously been a Queensland Justices Association Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously been a Queensland Justices Association Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Queensland Justices Association Member No.	If yes, Queensland Justices Association Member No.
Title (Mr/Mrs/Ms etc)	Title (Mr/Mrs/Ms etc)
Given names	Given names
Surname	Surname
Preferred Name for name tags/salutation	Preferred Name for name tags/salutation
Date of birth ___/___/___ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-specific	Date of birth ___/___/___ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-specific
Daytime Telephone	Daytime Telephone
Mobile	Mobile
Email	Email
JP Type Date of Appointment ___/___/___ <input type="checkbox"/> JP (Qual) <input type="checkbox"/> C.Dec <input type="checkbox"/> JP (Mag Crt) <input type="checkbox"/> JP (Lawyer –appointed prior to 1991)	JP Type Date of Appointment ___/___/___ <input type="checkbox"/> JP (Qual) <input type="checkbox"/> C.Dec <input type="checkbox"/> JP (Mag Crt) <input type="checkbox"/> JP (Lawyer –appointed prior to 1991)
Declaration of Member #1	Declaration of Member #2
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. <input type="checkbox"/> I have attached a letter of appointment to verify this <input type="checkbox"/> I have attached my Certificate of Registration to verify this <input type="checkbox"/> I have been approached by QJA to join; therefore QJA holds evidence of my appointment. I declare that I reside at the same residence as Member #2. 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 _____	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. <input type="checkbox"/> I have attached a letter of appointment to verify this <input type="checkbox"/> I have attached my Certificate of Registration to verify this <input type="checkbox"/> I have been approached by QJA to join; therefore QJA holds evidence of my appointment. I declare that I reside at the same residence as Member #1. 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 _____

Joint Membership Application Form
- Continued -

Postal Address	
City/Town	Postcode
Residential Address (if different)	
City/Town	Postcode
Membership	
Please tick the following: -	
<input type="checkbox"/> Joint Membership	\$100.00
<input type="checkbox"/> We would like to purchase ____ copies of The Guide to JP Practice in Queensland with Membership (inc postage)	\$35.00
Your subscription will be renewable 12 months from joining. Renewals are due on the 1st of the month of anniversary of membership	
Payment	
<input type="checkbox"/> Cheque made payable to: Queensland Justices Association	
<input type="checkbox"/> Credit Card (Mastercard and Visa only accepted)	
Card Number _____ / _____ / _____ / _____	EXPIRY ____ / ____ CVN _____ <small>{CVN is the 3 digit number on rear of card}</small>
Cardholder Name	
<input type="checkbox"/> 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 <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.	
Our complete Privacy Policy is available for viewing on our website www.qja.com.au .	