



Proston QLD Ltd

MEMBERSHIP APPLICATION FORM

www.prostonqld.com.au

I wish to apply to become a member of Proston own not-for-profit Company limited by Guarantee

Applicant Name:			
Address:			
Phone:			
Email:			
<input type="checkbox"/>	If my application is successful I am aware of my membership guarantee obligations to the company, namely that should the company be wound up while I'm a member, or within 12 months of Smyrna ceasing to be a member, I may be called upon to contribute \$20.00 (my guarantee) towards the costs of the company winding up.		
<input type="checkbox"/>	I am aware that to maintain my membership I will be required to pay a minimal annual membership fee. As at December 2019 it will be \$10.00.		
<input type="checkbox"/>	I am aware that my membership is valid for the period 01 January to 31 December each calendar year. This membership will require a renewal prior to January _____		
Amount Payable: \$50.00			
Method of payment			
<input type="checkbox"/>	Cash:	\$50.00 cash enclosed with this application	
<input type="checkbox"/>	Cheque :	\$50.00 cheque is enclosed with this application	
<input type="checkbox"/>	EFT:	\$50.00 has been transferred to the bank account	
	Name:	Proston QLD Ltd	
	BSB:	084-763	
	Account:	9335-84722	
	Date of Transfer:	_____	
Signature:	_____	Date:	_____
Name:			
Please post or email a copy of this completed form to the below addresses:			
Proston QLD Ltd		Email: prostonqueensland@gmail.com	
Shop 40 Blake Street Proston, 4613		Phone: 0412 763 736	

Office use only

Approved: YES/NO

Date: _____

Initials: _____