



## MEMBERSHIP APPLICATION FORM

入会申込書

### FAMILY MEMBERSHIP

家族会員

### APPLICANT DETAILS – PRIMARY CONTACT PERSON

Please provide details in both English and Japanese where appropriate.

Title	<input type="checkbox"/> DR	<input type="checkbox"/> MISS	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> Other:	<input type="text"/>
First Name 名	<input type="text"/>						
Last Name 姓	<input type="text"/>						
Address 住所	<input type="text"/>						
Email メール	<input type="text"/>						
Phone 電話	<input type="text"/>						
Occupation 職業	<input type="text"/>						
Date of Birth	DAY 日	<input type="text"/>	MONTH 月	<input type="text"/>	YEAR 年	<input type="text"/>	

### APPLYING FOR MEMBERSHIP CATEGORY

- Family** Up to 2 Ordinary adult members \$50 / year  
+ any number of Junior members  
All residing at the same address

**ALL** applications – please sign the **APPLICANT DECLARATION** statement on the next page.

**Family** applications – please ensure the **PARENTAL OR GUARDIAN CONSENT** statement is also signed and please fill out additional information on later pages.

Please see the Japan Community of Queensland Inc website [www.jcq.org.au](http://www.jcq.org.au) or contact the management committee for further explanation of membership categories or a copy of the association's rules.

## APPLICANT DECLARATION

I have read the rules of the Japan Community of Queensland Inc and I agree to be bound by and to comply with the association's rules and any regulations and policies made under them.

Full Name of  
Applicant  
Signature


Date

## PARENTAL OR GUARDIAN CONSENT

I, the parent or guardian of the applicant/s for Junior membership listed on this form, do hereby authorise and consent to the applicant undertaking to become a member of the Japan Community of Queensland Inc. (the association). In consideration of the applicant's membership being accepted, I expressly agree to be responsible for the applicant's behaviour and agree to accept in my capacity as parent or guardian, the terms set out in this membership declaration, including the provision by me of a release and indemnity in the terms set out in the association's constitution. In addition, I agree to be bound by and to comply with the association's rules and any regulations and policies made under them.

Full Name of  
Parent/Guardian  
Signature


Date

## PAYMENT DETAILS

Payment of membership fees can be made by internet banking:

Japan Community of Queensland Inc  
BSB 114879  
A/C 414424786

Please include "Your Name" as a reference when making the payment.

## SUBMITTING YOUR APPLICATION

Please return your completed Membership Application Form and proof of payment of membership fees by email to [membership@jcq.org.au](mailto:membership@jcq.org.au)

## PRIVACY STATEMENT

The personal information collected on this form will only be used for the purpose of managing and conducting the business of the Japan Community of Queensland Inc. The association will not give your personal information to third parties without your consent, unless required by law.

## FAMILY APPLICATION DETAILS

### ADDITIONAL ADULT (ORDINARY MEMBERSHIP)

Title  DR  MISS  MR  MRS  MS  Other:

First Name   
名

Last Name   
姓

Email

Phone

Date of Birth DAY 日  MONTH 月  YEAR 年

### CHILD 1 (JUNIOR MEMBERSHIP)

First Name   
名

Last Name   
姓

Date of Birth DAY 日  MONTH 月  YEAR 年

### CHILD 2 (JUNIOR MEMBERSHIP)

First Name   
名

Last Name   
姓

Date of Birth DAY 日  MONTH 月  YEAR 年

### CHILD 3 (JUNIOR MEMBERSHIP)

First Name   
名

Last Name   
姓

Date of Birth DAY 日  MONTH 月  YEAR 年

### CHILD 4 (JUNIOR MEMBERSHIP)

First Name   
名

Last Name   
姓

Date of Birth DAY 日  MONTH 月  YEAR 年

If further children are part of this family application, please provide details on a separate piece of paper.