



MEMBERSHIP APPLICATION FORM

入会申込書

CORPORATE MEMBERSHIP

企業・グループ・非営利団体 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

- Corporate** Business \$200 / year
 Non-profit/ small business \$100 / year

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

Corporate applications – please fill out additional information on later pages.

Please see the Japan Community of Queensland Inc website 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.

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.

CORPORATE APPLICATION DETAILS

Category

BUSINESS NON-PROFIT

Organisation Name

名

Postal Address

住所

ABN

Email

Phone

Website

Describe the activities of your organisation - short introduction suitable for use on the JCQ website

Number of people in your organisation

1-10 11-25 26-50 50-100 100+

What services can your organisation offer to the Japan Community of Queensland Inc and its members?

What does your organisation hope to achieve by being a member of this association?

Is your organisation interested in becoming a Partner with JCQ to help us achieve the association's aims and objectives?

YES NO