

Queensland Membership: Application Form

Notes regarding Membership

1. Payment covers members for the year or part thereof depending on when the application is submitted.
2. Membership fees are due annually on OCTOBER 1st.
3. The rules of the Association only permit membership of individuals.
4. Organisations may pay an annual subscription fee to support the work of CRU and to receive CRU information.
5. Organisations do not have voting or management rights.
6. Your membership fee includes GST.
7. Membership is subject to Board Approval. Applicants will be notified in writing.
8. A Tax Invoice will be issued on acceptance of new membership by the Board
9. CRU is covered by public liability insurance. Please see our website for details.



I /We wish to become a member of CRU & I support the mission and purpose of CRU. See www.cru.org.au

Your details			
Name			
Organisation Name (if applicable)			
Postal Address			
Suburb	State	Postcode	
Email Address			
Home Phone		Mobile:	
Interest	<input type="checkbox"/> Person with disability <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other family <input type="checkbox"/> Worker <input type="checkbox"/> Friend/Ally		

Payment - Choose an option from below			
Individuals:	I am able to pay a Membership fee of	<input type="checkbox"/> \$20	& I would like to donate \$
Organisations:	We wish to pay a Subscription fee of	<input type="checkbox"/> \$75	& We would like to donate \$

BANK TRANSFER (EFT PAYMENT)	
<input type="checkbox"/> I will transfer payment via EFT payment	
CRU Account Details	COMMUNITY RESOURCE UNIT LTD BSB: 633-000 ACCOUNT NUMBER:118 959 881 Reference: SurnameMEM (eg 'JonesMEM') *Please advise CRU of payment

CHEQUE	
<input type="checkbox"/> I have attached a cheque (CRU only accepts cheques in \$AUD)	
Cheque to be payable to	Community Resource Unit Ltd

CREDIT CARD			
CRU OFFICE USE ONLY:	Invoice Number:	CC Authorisation:	Date Processed:
<input type="checkbox"/> Please charge my credit card for the amount of \$			
Card type:	<input type="checkbox"/> Visa 	<input type="checkbox"/> MasterCard 	
Name on Card			
Card Number		Expiry Date:	/
Card Holder Signature	CCV/CVC number:		

RETURN FORM TO:	Email	cru@cru.org.au
	Fax	07 3844 3400
	Post	PO BOX 3722, South Brisbane, QLD 4101

**THANK YOU FOR YOUR
INTEREST AND SUPPORT**