



Membership Type (GST included)

- Individual (\$44 annual fee)
- Non-Profit Organisation (\$110 annual fee)
- Government/Business (\$220 annual fee)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Name for QRWN name badge: (see price below) \_\_\_\_\_

Please tick one of the following:  New Member

I **give/do not give** (strike out one) QRWN my permission to circulate my name, address, and phone number to other QRWN members for the purpose of networking.

I **give/do not give** (strike out one) QRWN my permission to use my name for information purposes.

I would like to be added to the following list/s:  Chat  Info

Signature \_\_\_\_\_

**Please note:** *The QRWN membership list ("the list") is the property of the QRWN. The list is circulated for members use only in relation to QRWN business and member's personal use. It is not to be used for or in relation to commercial purposes.*

I have enclosed the applicable annual fee (GST inclusive) \$ \_\_\_\_\_

I am including a donation of \$ \_\_\_\_\_

I would like to purchase a QRWN name badge \$ 20.00

Total: \$ \_\_\_\_\_

I prefer to pay as follows (please tick):

I enclosed my cheque / money order for the full amount of \$ \_\_\_\_\_

Please charge my credit card for the full amount of \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_  Visa  Mastercard  Bankcard

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

**Enquiries are most welcome to contact**

**Sarah Due 0427 144 298**

**Please return to: QRWN Inc, PO Box 1568, TOOWOOMBA QLD 4350 or Fax to 1300 795 516  
PH: 1300 795 571 Email: [membership@qrwn.org.au](mailto:membership@qrwn.org.au) - Thank you for your support.**