



MEMBERSHIP FORM



SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
NAME			
ADDRESS		DELEGATES DETAILS	
		NAME	
EMAIL		EMAIL	
PHONE		PHONE	
MOBILE		MOBILE	
Please note that all BRASA notices and correspondence will be advised via email.			

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Tick
ORDINARY MEMBER			
CLUB MEMBERSHIP			
SUSTAINING MEMBER			
LIFE MEMBER			
SPECIAL MEMBER			
PAYMENT METHOD	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Direct deposit		

For Membership descriptions and the BRASA code of conduct see website www.brasainc.com

SECTION 3: MEMBER INFORMATION

FOR NEW MEMBERS AND GROUPS. New memberships must be nominated by existing BRASA members. A proposer and seconder must also complete this application.
Proposed by (print name): _____ Signature: _____
Seconded by (print name): _____ Signature: _____
For groups, clubs and businesses. NAME OF ENTITY.
Is your group insured? YES <input type="checkbox"/> NO <input type="checkbox"/> How much is your current cover? Please attach your certificate of currency with this application.
Group delegate details. Please complete in Section 1: Membership Contact Information. Delegate details.
Permission to use photographic images: Photographs of BRASA members may be used in various BRASA communications including local newspapers, newsletters (physical and electronic), physical displays and websites. Group photographs taken at BRASA events may be used without identifying individual members. For individual photographs, please indicate your permission for use: _____ BRASA has my permission to use and identify photographs of me. _____ BRASA does not have permission to use and identify photographs of me. _____ BRASA must contact me before using any identified photographs of me. _____ BRASA has permission to photograph and publish all/any members from the group I represent.

In signing this membership form I and/or the club I represent agree to be bound by the BRASA code of conduct.

Applicant's signature _____ Date: _____

To pay online: Please send this membership application to brasacommitee@gmail.com and pay by credit card or direct deposit to Bank of Queensland Account # 10297937 BSB # 124058 Account name: Beechmont Recreation Arts and Sports Association Incorporated.

To pay by cheque: Please send this membership application and cheque to BRASA Secretary PO Box 664 Nerang 4211. Please make cheques to Beechmont Recreation Arts and Sports Association Incorporated.