

AQA Victoria Ltd
ABN 90 006 691 185

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www.aqavic.org.au

Date:

Application for Membership Form

Please check appropriate box:				
New Member (please complete all sections)				
Renewal of Membership (please complete Section A & C)				
Membership Details				
Title: First Name:	l a	ıst Name:		
Suburb:	State:	Country:	Postcode:	
Phone: Home:				
Email:	Occupation:			
Disability (if applicable):	Spinal Leve	el: (Eg: C5)	Year of Injury:	
Interests:			Date of Birth:	
Membership of AQA Victoria Ltd includes the AQA newsletter, NewsLink I would like to receive the bi-monthly newsletter NewsLink as indicated below (please check) Post Email				

Membership Entitlements

As a member of AQA Victoria Ltd you will have a say in the direction of the organisation, specifically through:

- Voting at general meetings (these are usually held on an annual basis)
- · Election of Directors, and
- · Keep up-to-date with activities of the organisation through receipt of bi-monthly NewsLink

Membership Obligations:

AQA Victoria Ltd is a company limited by guarantee. This means that in a situation where the company is wound up, each member of AQA Victoria Ltd has a limited liability. This liability is not more than \$100 and is described in the company's constitution - Rule 6, see below.

Extract of Rule 6: Guarantee by members

Every member undertakes to contribute an amount not more than \$100 to the property of the company if it is wound up while the person is a member or within one year after the person ceases to be a member, for:

- a) payment of the company's debts and liabilities contracted before the time he or she ceased to be a member; and
- b) the costs, charges and expenses of winding up.
- c) the adjustment of the rights of the contributories among themselves.

More information, including the full Constitution, can be found on our website www.aqavic.org.au.



Supporting AQA				
We often receive enquiries from members about how				
For those members who would like to take this opportunity to contribute financially to AQA's programs, please indicate the level of support you wish to donate and include this amount in your payment.				
☐ \$55 Peer Support Visit - supporting people with	n spinal cord injury in hospital and the community			
\$45 News Link Production - research and production	duction of the newsletter			
35 Information/Resource - customised inform	ation and referral			
□ \$ Other				
Payment Method				
Membership Fee: (membership fee is \$10 per year)				
Donation: Charge my Credit Card:				
Total Remitted: Payment Enclosed:				
Payment Details (please print clearly)				
Card Type:	card American Express			
Card Number:				
Expiry Date: /				
Cardholders Name:				
Cardholders Signature:				
Member Declaration (Must be completed by all new member applicants)				
I, hereby apply for membership of A.Q.A. Victoria Ltd and agree to be bound by the Constitution of the Company and any regulations made thereunder.				
To the best of my knowledge, I am not engaged conflict with the interests or reputation of AQA.	in any activities (professional or otherwise) that would			
I tender my fee as above, due annually on the date of admission and in signing below agree to the above terms.				
Signature of Applicant:	Date:			
Membership year is the 12 month period starting fro	om the date of admission			
Please complete this application and return with you				
A.Q.A Victoria Ltd, P.O. Box 219 FAIRFIELD VIC				
For Office Hos Order	ERED CC.			
For Office Use Only	OSTERED CHARATTY			
Date Received:				
Date Approved:	Tr. Sovau/charitt/edise			

