## Descendants Rats of Tobruk Australia Association Inc.

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## Application for Renewal Membership Please forward this application together with payment to

The Secretary of DOTROTA PO BOX 3389 Victoria Point West Qld 4165				
Name:	Given Name (s)	Surname		
Address:				
Email:	Suburb / State	Post Code Contact Phone No	:	
Nominate Next of	Kin			
Payment Details:	<b>)</b> // .( `//	CR U	N/ (1)	
Yearly Fees: -	Single \$20	Couples \$30	<b>Junior \$10</b> (u18)	
List of children  Payment mus  (EFT). The  unique re	& date of birth to be added t accompany the application. Payor Association does have a credit care.	on next page) ment can be made by cheque, n ard facilities. If you are paying b be matched to the application	Rat of Tobruk and under 18yrs of age.  noney order, cash or electronic funds transfer by EFT, it is important that you include a  . A suggested reference is the letters 'NEW	
Bank Account Det	ails: Account Name: DOTROTA	BSB: <b>124001</b> A	account No.22920417	
Credit card paym	nent  _ _ _ _ _		.1_  _ _ _	
The EFT 'reference	e' I have used is:			
If you pay by EFT, processed prompt		_ _ _ _  send it to: dotrota41@gmail.co	m this will ensure your application is	

## **Privacy Clause:**

Information requested in this application form is necessary for the Association to determine your eligibility for membership, maintain the members register and to keep you informed about the Association, its activities, and products. It will not be provided to the third parties for direct marketing purposes. As a member, you have a right to inspect the member's register. Promotional Photos:

At the Association's functions, photos may be taken for promotional purposes and publication. By attending any of these functions you give permission for the use of your image in the manner described above.

**Annual subscription:** 

By joining the Association, you agree to pay the annual subscription when it falls due on the 1st of July each year. The amount of the annual subscription is set by the Committee of Management prior to the start of each year.

## **Association Rules:**

By joining the Association, you agree to abide by the Association's rules and policies approved by the Committee of Management from time to time. These are available on our Facebook page.

Applicants signature:	Date:	
LIST OF CHILDREN TO	O BE ADDED FOR FAMILY MEMBERSHIP	
Given & Surname :	Date of Birth:	Relationship:
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	SCENDANTS ASSO	
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