

# BRISBANE FORCE FOOTBALL CLUB Inc

# FORM B1

## Full MEMBERSHIP Renewal 2010



<b>CONTACT DETAILS</b> The Secretary: Amanda Krebs (T): 3892-7473 • (M): 0403 055 085 (E): <a href="mailto:a.krebs@optusnet.com.au">a.krebs@optusnet.com.au</a>	<b>CLUB POSTAL ADDRESS:</b> PO Box 395 Inala Civic Centre INALA Qld 4077	<b>CLUBHOUSE:</b> CJ GREENFIELD SPORTS COMPLEX 315 Freeman Road RICHLANDS
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Please complete application and post to the Club Postal Address above. Payment must accompany application form.

**Note;** A person may make application to be a full member of Brisbane Force Football Club Inc. if the person: Has been an Ordinary Member of the Club for the previous 12 months. • Is over the age of 18 years • Is eligible under rule 6 a) (ii) of the constitution.

**Note;** Membership commences from date of acceptance of the application by the Management Committee and will, unless renewed, end on the 31st December in the year next following. Renewal payments must be received by 31 September of each year.

Club insurance information is at the bottom of this page.

## APPLICANTS TO COMPLETE

Please print

Date of application.....
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<b>Applicant Name</b>	
<b>Address</b>	
<b>Home Tel</b>	
<b>Mobile Tel</b>	
<b>Email</b>	
<b>Occupation</b>	

<b>Applicants Partner</b>	
<b>Address</b>	
<b>Home Tel</b>	
<b>Mobile Tel</b>	
<b>Email</b>	
<b>Occupation</b>	

Please indicate which membership type is being applied for:-

<b>Annual Full Membership (Single)</b>	\$20.00	<input type="checkbox"/>
<b>Annual Full Membership (and partner)</b>	\$30.00	<input type="checkbox"/>

**Applicants Signature** ..... **Partners Signature** .....

**Payment details;** Eftpos  Cash  Cheque  Online Transfer

**Date of payment** ..... / ..... / 2010      **Receipt Number** .....

**Club Insurance:** Is negotiated by FQ, to view full details of current insurance cover visit; [www.footballqueensland.com.au](http://www.footballqueensland.com.au)  
**Limit of Indemnity:** Public Liability \$20,000,000 • Products Liability \$20,000,000 in the aggregate • Errors & Omissions \$ 5,000,000  
**Period of Insurance:** 31<sup>st</sup> December 2009 to 31<sup>st</sup> December 2010.