



Membership Application 2010/2011

You are invited to take out or renew membership with the Queensland Laser Association Inc. Please complete the form below and return with your cheque or money order to:

Membership Secretary
Queensland Laser Association Inc.
80 Barnett Road
BARDON QLD 4065

Name _____

Address _____

Post Code _____

Tel (h) _____ (w) _____ Fax _____

* Email _____ Mob _____

Date of birth _____ Boat Name _____ Boat No. _____

Club _____ YA Membership No. _____

Class Laser Radial
4.7

Divisions Open Youth
Women's Masters Div.

I am interested in loaning my boat out at events: Yes No Maybe

For the 2010/2011 financial year Membership fees will be \$75.00 with a discount of \$15.00 if paid within 2 months of the start of the new financial year. New members (i.e. people who were not members of the QLA during any part of the previous financial year) who join more than 3 months before the end of the financial year will pay a pro-rata fee of \$6.25 for each month remaining in the financial year. New members who join within the last 3 months of the financial will pay one full year's membership (\$75.00) which will entitle them to membership until the end of the following financial year..

Subscriptions Herewith : \$ _____

Member Signature : _____

Notes:

1. Please make cheques payable to *Queensland Laser Association Inc.*
2. Subscriptions are due and payable on **1st July annually**. The committee would appreciate early payment to ensure liquidity of funds and to ease the workload prior to championship regattas.
3. Your subscription contributes to the Class Affiliation Fee payable to the Queensland Yachting Association and the levies which are payable to the International Laser Class Association as its main source of revenue.
4. Your subscription is also used by the association to maintain its website, to provide periodic newsletters and toward coaching and training costs for its members across the state.
5. If you have sold your Laser, please advise the Membership Secretary of the name, address and phone no. of the new owner (email: gjkemp@aapt.net.au).
6. * **Please ensure that you fill out your email address as this will be the preferred mode of forwarding newsletters and other information in the future. Please inform the membership secretary of any change to this email address throughout the year.**

Credit Card Payment Option:

Credit Card (Circle) VISA MASTERCARD

Cardholders Name.....

Credit Card Number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date _ _ / _ _ Amount \$.....

Card Holders Signature

Office Use Only	
Date: _____	Receipt No: _____
Handbook: <input type="checkbox"/>	Cash/Cheque/Credit Card
Membership Card: <input type="checkbox"/>	
Members Register Updated: <input type="checkbox"/>	Mailing List Updated: <input type="checkbox"/>