PARENTS WITHOUT PARTNERS (QLD) INC.

MEMBERSHIP APPLICATON FORM

Place an (X) in the Box

Membership Application	X
Membership Renewal	
Membership Ordinary	
Membership Associate	
Membership Honorary	
Life Member Up-date	

Please send the Membership Application Form with payment or Branch receipt to:

Membership – PWP Head Office
PO BOX 2084 SALISBURY EAST Q4107
Or
Hand to the Membership Officer

Membership No
Visitor Card No
Receipt Date
Receipt No
Membership Fee $ 20-00

BRANCH

Please use BLOCK LETTERS *and answers all questions*

Title | Given Names | Surname

Male | Female | Date of Birth | Home Phone | Mobile Phone

Email Address/s

Unit No | House No | Street Name

Suburb or Town | State | Postcode

Occupation | Drivers Licence No. or other Photo ID | Sighted by Branch Executive - Name

Children under 17 years of age

If you have more children, furnish their details on the back of this form.

Name	Date of Birth	Male Female	Custody Y/N

IMPORTANT ADDITIONAL INFORMATION
Noted and Signed [on the back of this form]

- ☐ Special needs
- ☐ Medical conditions
- ☐ Serious allergies
- ☐ Dietary considerations
- ☐ Special skills
- ☐ Qualifications
- ☐ Blue Card
- ☐ First Aid Certificate

Your Age Group	<25		25/44		45/64		65+
Marital Status	Never Married		Widowed		Separated		Divorced
No of Male Children	Child Care		School		Tafe/Uni		Adult
No of Female Children	Child Care		School		Tafe/Uni		Adult
Disabilities	Child Care		School		Tafe/Uni		Adult
Pension Y/N ☐	Sole Parent		Invalid		Age		Other
WHERE DID YOU FIRST HEAR OF PWP?	Radio		Television		Council		Magazine
	Newspaper		Doctor		Clergy		Counsellor

Membership Fees	**New**	**Renewal**
Ordinary/Associate	$20	$20
Regional	$20	$20
Life/Honorary Member	Nil	Nil

New Members join as provisional Members for a period not less than 90 days Sect B2 (a)(ii) and the Branch Executive will notify the applicant of the decision Sect B2 (a)(iv).

Date of Notification

☑ *I agree to keep confidential, other members personal information, and acknowledge that group photos may be taken during activities and may appear in PWP Publications. I understand that I am responsible for my children at all activities and events.*

☑ *I agree to abide by the Constitution, By-Laws, Administrative Standards, Code of Conduct, and the Privacy Statement of Parents Without Partners(Qld) Inc. and any relevant decisions made by the organisation, and I certify that all the information provided is true and correct. I understand that the Organisation reserves the right to refuse any Application with or without reason or explanation, and/or may defer the decision for consideration.*

Signature of Applicant.....
Date

Signature of Branch Executive.....
Date