



ABN 33 104261 029

ACN 104 261 029

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APPLICATION FOR MEMBERSHIP

Full name			
Residential or Postal Address			
		State	Postcode
PHONE	a) Home	()	
	b) Mobile		
Email			
Date of birth			

I apply for:

- Ordinary (survivor) membership *[evidence of breast cancer/ prophylactic mastectomy may be required]*
- Supporter membership

Are you a dragon boat paddler?	Yes / No
Name of local Dragons Abreast group and/or club that you intend to paddle with	

- I am over the age of 18 years;
- I support the objects of the Company;
- When admitted, I agree to comply with the constitution and adhere to the policies of Dragons Abreast Australia; and
- I consent to my information being used in accordance with the Company's privacy policy.

Signature of applicant Date/...../20.....

DAA OFFICE USE ONLY :			
Payment method	Cash/Chq/EFT		
Recorded on Database		Card ordered	
Photo entered on Database		ID card mailed	
IMF sent to Office		Dispatched with Individual Manual	

Title:	Individual Membership Form
Uncontrolled when printed	
Print date:	

Version	Final
Issue date	2014 June
Approved by	Board