(For Committee use only)
Membership Fees
Paid: (please circle) Yes

No

Date:_____

Bern Johnson
(Secretary)
33 Feathertop Circuit
Caloundra West Qld 4551

Mobile: 0417 787285
EMail: bab1928@bigpond.net.au

MEMBERS DETAILS 2019–2020

Name/s:*
Address:
Home phone:
Mobile:
Email:
Date of Birth/s (insurance requirement):*
Occupation:

*** add details of partner/juniors on back of form if insufficient space**

Committee Actions

Secretary	**add details to members list, meeting lists and email address book, advise QAFCA of membership details**
Treasurer	**reconcile payments already made with EOM reports & pay QAFCA invoice when provided**
Recorder	**add names to weigh-in sheets**
Roster officer	**add names to rosters**
Social secretary	**add to function list**

(Committee member to use ruler to tear off receipt below once details are complete and fees paid.)

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Receipt:

Date: __/__/20__

Received from_____the amount of $_____

For_____

Received by:_____