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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date:August 21, 2017 | Application for Affiliation: | New |  | Renewal | | |  |
| **Club/Group/Society Name:** |  | | | | | | |
| **Postal Address:** |  | | | | | | |
| **E-Mail Address:** |  | | | | | | |
| **Telephone Contact:** |  | | | | | | |
| **Web Site:** |  | | | | | | |
| **Current Membership #** |  | **Do you require Optional Public Liability Insurance ?** | | | Yes / No  (Optional Group Public Liability Insurance Levy of $6.75 per club member will apply) | | |
| ***Club/Group/Society Regular Meetings*** | | | | | | | |
| **Meeting Day/s:** |  | **Meeting Time/s:** | | | |  | |
| **Location:** |  | | | | | | |
| ***Other Meetings (Management Committee, Special Interest Groups, etc)*** | | | | | | | |
| **Purpose:** |  | | | | | | |
| **Meeting Day:** |  | **Meeting Time:** | | | |  | |
| **Location:** | (if different to above) | | | | | | |
| **Purpose:** |  | | | | | | |
| **Meeting Day:** |  | **Meeting Time:** | | | |  | |
| **Location:** | (if different to above) | | | | | | |
| **Purpose:** |  | | | | | | |
|  | | | | | | | |
| ***Club/Group/Society Committee Contacts*** | | | | | | | |
| **President/Chair:** | **Name :** | | | | | | |
|  | **Telephone:** |  | | | | | |
|  | **Mobile:** |  | | | | | |
|  | **E-Mail:** |  | | | | | |
| **Secretary** | **Name :** | | | | | | |
|  | **Telephone:** |  | | | | | |
|  | **Mobile:** |  | | | | | |
|  | **E-Mail:** |  | | | | | |
| **PSQ Liaison** | **Name :** | | | | | | |
|  | **Telephone:** |  | | | | | |
|  | **Mobile:** |  | | | | | |
|  | **E-Mail:** |  | | | | | |
| ***Other Affiliations*** | | | | | | | |
| **Is your group currently affiliated with any other photographic organisation/s?** | | | | | | Yes / No | |
| **Please nominate:** |  | | | | | | |
| Name………………………………………………….. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE DO NOT FORWARD ANY PAYMENT WITH THIS APPLICATION.**  **Please E-Mail the completed document to** [secretary@psq.org.au](mailto:secretary@psq.org.au) (may be unsigned)  **Or mail a hard copy to PO Box 4037 KIRWAN QLD 4817**.  **An Invoice will be forwarded to you upon the PSQ Management Committee accepting your application.**  **Currently a PSQ Club Affiliation Subscription is $25.00 per Annum plus a Per Capita Fee of $2.00 per member**  **Plus the Optional Group Public Liability Insurance Levy of $6.75 per club member**  **Further enquires can be made by emailing the PSQ Secretary** [**secretary@psq.org.au**](mailto:secretary@psq.org.au)  **Or visit the PSQ Web Site** [**www.psq.org.au**](http://www.psq.org.au) **and click on “Committee”** | | | | | | | |