**Period 21 July 2023 to 20 July 2024**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **DESCRIPTION** | **Qty.** | **RATE** | **AMOUNT** |
| **Which club?** |  | | | **abn** |
| **PSQ Affiliation**  **Fixed Fee** | Fixed Fee (Mandatory) | 1 | 25.00 | **$ 25.00** |
| **PSQ Affiliation**  **per Member Fee** | Per Member (Mandatory) |  | 2.50 | **$ 0.00** |
| **Public Liability Insurance Premium** | Per Member (Optional but recommended) |  | 3.00 | **$ 0.00** |
| **Check all** | **TOTAL:** |  |  | **$ 25.00** |

Place your member numbers today in the quantity column in row 2 and 3 only.

For MS word to update the table, highlight the complete table use Control A and then F 9 to re calculate the total.

For Mac, calculate it manually.

**Electronic Funds Transfer:** Photographic Society of Qld Inc. WESTPAC: BSB: 034-630 Acct # 237681 or go to any Westpac and credit the above account. No form required for deposit. It is very important that you state your club’s name in the description to account otherwise I will not know your entry on my bank account. Your emailed file should include the club’s name in the file name

\* PSQ’s Public Liability Insurance cover is dependent on Affiliates including the Public Liability Levy (per member) with the annual PSQ Affiliation Fees. The “Certificate of Currency” will be emailed to you when available and on receipt of insurance payment.

**PSQ AFFILIATE DATABASE GROUP MEMBER**

Please completed so club details can be updated on the PSQ website and Club Register. Also, after your agm

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position** | **Name** | | **Phone** | **Email** | |
| **PRESIDENT** |  | |  |  | |
| **SECRETARY** |  | |  |  | |
| **TREASURER** |  | |  |  | |
| **PSQ Representative\*** |  | |  |  | |
| \*PSQ Representative is the person who can vote and sign for the club on PSQ AGM forms. Notify PSQ if the Representative changes. | | | | | |
| **CLUB EMAIL ADDRESS** | |  | | |
| **Club Meeting Time & Date** | |  | | | |
| **Club Where do you Meet** | |  | | | |
| **Postal Address** | |  | | | |
| **Date** | | **Type Name or add Signature** | | | |
| **Web Page** | |  | | | |
| **Facebook Address** | |  | | | |

**Payment and Completed Forms are required by Monday 03 July 2023.**

**and email to** [**insurance@psq.org.au**](mailto:insurance@psq.org.au)

**Thank You. For more information contact John Staib** [**Treasurer@psq.org.au**](mailto:Treasurer@psq.org.au) **Phone 0439 139 767 or 07 5541 4912**