

## INDIVIDUAL MEMBERSHIP APPLICATION / CHANGE OF DETAILS

### APPLICATION FOR

New member ☐

Change of details ☐

Member N° (if applicable)

### MEMBERSHIP TYPE

Individual ☐

Family ☐

### MEMBERSHIP FEE

Individual \$30

Family \$40

*Annual membership runs from 1 July to 30 June.  
Membership fee is \$20 if joining after December of the  
current financial year.*

### MEMBER DETAILS

Name ..... DOB .....

Address .....

Suburb ..... State ..... PCode .....

Email ..... Mobile # .....

### WHO REFERRED YOU TO Hear With Us

### WHY ARE YOU JOINING Hear With Us

### WHAT CAN YOU OFFER Hear With Us (skills etc)

### PAYMENT OPTIONS *(please tick one option)*

Cash ☐

EFT ☐

Account Name Hear With Us  
Bank Bank of Queensland  
BSB No 124-001  
Account No 23317540  
Reference First and Surname



**Signed:**

**Date:**

Please download and email the completed form to [lee@hotchipz.com.au](mailto:lee@hotchipz.com.au), or print the form and post to Secretary, 85 Crotona Rd, CAPALABA QLD 4157