

# BOOT BRISBANE INC.

## Membership Application Form

Title: <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____		
Name:		
Address:		
City:	State:	ZIP Code:
Date of birth: ____/____/____		
Phone:	Mobile:	
Work E-mail:		
Personal E-mail:		
Membership fee:	<b>\$10.00</b>	Tick if paid:
Member type: <i>(Please tick)</i>		
Email newsletter: Receive newsletters only to stay up to date of activities.		<input type="checkbox"/>
Active: Donate time (Social media, meetings, mail outs etc.).		<input type="checkbox"/>
Business: Let Boot Brisbane display your business logo as a supporter.		<input type="checkbox"/>
Member Signature:		
Date: ____/____/____		
<b>Please send completed form to PO Box 94, Edge Hill Qld 4870.</b>		
<b>Executive Committee Approval:</b>		
Name:		
Signature:		

Boot Brisbane Inc. ABN 45 434 420 070  
53 Anderson St, Manunda, PO Box 94, Edge Hill Qld 4870  
Bendio Bank: BSB: 63300 Acc No. 3795847701