



# RQI Annual Membership Application

Valid to 1st July 2010

ABN: 22 082 292 667

## Our vision

Reconciliation Queensland acknowledges our shared past and upholds the vision that cultures, histories and rights of Indigenous Australians are recognised and respected.

*Moving Beyond the Divide ... Join the Journey*

## PERSONAL DETAILS

First name: ..... Family name: .....

Organisation: .....

Address: .....

Phone: ..... Mobile: .....

Email: .....

Are you over 18 years of age?  YES  NO

Do you identify as:  An Aboriginal person  A Torres Strait Islander person  A non-Indigenous person

## ANNUAL MEMBERSHIP FEE (Please tick appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Adult \$20.00                 | <input type="checkbox"/> Individual Youth (16 to 21) \$10.00                  |
| <input type="checkbox"/> Individual Concession (Pensioner) \$5.00 | <input type="checkbox"/> Individual Youth (under 16) \$5.00                   |
| <input type="checkbox"/> Organisation (non-profit) \$60.00        | <input type="checkbox"/> Corporate (government departments/business) \$100.00 |

*If your organisation or workplace is a member you may be entitled to affiliate membership.*

*Visit [www.rqi.org.au/RQImembershipinformation.htm](http://www.rqi.org.au/RQImembershipinformation.htm) for more details.*

- |  |  |
|--|--|
| <input type="checkbox"/> Affiliate Adult \$10.00     | <input type="checkbox"/> Affiliate Youth (16 to 21) \$5.00 |
| <input type="checkbox"/> Affiliate Concession \$2.50 | <input type="checkbox"/> Affiliate Youth (under 16) \$2.50 |

## DONATION (donations of any amount are most welcome)

YES I would like to make a donation for the amount of \$ .....

## METHOD OF PAYMENT (Please tick appropriate box)

Cheque  Money Order (Please make cheques and money orders payable to Reconciliation Queensland Incorporated)

OR CREDIT CARD:  Mastercard  Visa

Card number: ..... Expiry date: ..... / .....

Cardholder's name: ..... Signature: .....

## I agree with and support the RQI Vision and wish to join/renew my membership.

I enclose payment for the total amount of: \$ .....

Name: .....

Signature: ..... Date: ..... / ..... / .....

## PLEASE SIGN AND RETURN A COMPLETED PRINTOUT OF THIS FORM, WITH PAYMENT TO:

Reconciliation Queensland Incorporated PO Box 15102, CITY EAST QLD 4002

Membership will be valid until 1 July 2010.