



*Logan City Square Dancers Inc.*  
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*www.logancitysquare dancers.org*

## MEMBERSHIP RENEWAL 2024

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

(If different from above, otherwise leave blank)

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I apply for renewal of membership and agree to uphold the objects of the Association and to be bound by the Rules of the Association.

I acknowledge that I have been advised that the Association holds Public Liability Insurance and the amount of Public Liability Insurance.

PAID: \$6.00    BY:  CASH     CHEQUE     DIRECT DEPOSIT

(Direct Deposit to **BOQ BSB: 124040 Account #22939614** Reference: Your Surname and submit this form by hand, post or email)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_