

APPLICATION FOR MEMBERSHIP to 31 December

Membership fees paid after 1 October include the following year.

Dr / Mr / Mrs /	Miss / Ms Surna	ame:		
Given Names:				
Address:				
Date of Birth: _	Phone:			
Email:				
Are you an Aus	tralian citizen / p	ermanent res	ident (Visa subo	class) / visitor
Please circle:	Male / Female	/ Other	Cadet / Junior	/ Senior / Pensioner
Membership:	Individual	\$20 / 1 Year	\$50 /	3 Year
	Family	\$40 / 1 Yeai	· \$90 /	3 Year
l am a membei	r of		_chess club / no	club (associate).
I agree to be lis	sted in the memb	ership list on	the CAQ websit	e: Yes No

Donation to ACF Olympiad Appeal / CAQ (Optional, circle): \$

I wish to apply for membership of the Association. I enclose my remittance for the membership fee payable. I agree to be bound by the CAQ Code of Conduct (see www.caq.org.au) and consent to my personal information being passed to the Australian Chess Federation Inc. for the purpose of maintaining the national rating lists and forwarding to me news of general interest, and my contact details being passed to chess clubs affiliated with CAQ for the purpose of advising me of coming events.

Signature:

Date:	/	/

Privacy Policy

Your personal details will be entered in a secure database, kept up-to-date and not revealed to any third party without your consent. At any time you may request a review or amendment of your personal details.