



**Australian Underwater Federation Qld. Inc.
CLUB MEMBERSHIP FORM
2010/2011**



Club Name: _____ Tel: _____

Postal Address: _____ Fax: _____

Contact Name: _____ email: _____

Club Office Bearers Details

Position	Name	Tel	Mobile	Email - PLEASE PRINT
COMMISSION	FULL CLUB MEMBERSHIP \$50.00 Discounted Membership if Paid by 31 August \$30.00	AFFILIATED CLUB MEMBERSHIP \$50.00 Discounted Membership if Paid by 31 st August \$30.00. Please attach list of club member with form & Payment		TOTAL
Spearfishing	\$	\$	\$	
Underwater Hockey	\$	\$	\$	
Recreational Diving	\$	\$	\$	
Finswimming	\$	\$	\$	

INCORPORATED - YES/NO UNINCORPORATED CLUBS MUST COMPLETE CLAUSE BELOW:-

REPRESENTATIVE MEMBERSHIP POSITION

The Representative that is nominated and signs the Representative Membership Position will be the representative for the club's dealings with the AUFQ. **(NB:-** Please refer to 4.1 of the AUFQ constitution.

Club Name:-.....nominate**(name of representative)**
as our Representative Membership Position.

Signed:-..... **Dated:-**.....

(by above named representative)