



CHESS ASSOCIATION OF QUEENSLAND INC

Membership Secretary: PO Box 9, Inala, Qld, 4077 Tel: (07) 3372 8077

APPLICATION FOR MEMBERSHIP to 31 December

Dr/Mr/Mrs/Miss/Ms Surname: _____

Given Names: _____

Address: _____

_____ Postcode: _____

Date of birth: _____ Phone: _____

email: _____ @ _____

Sex: Male Female

INDIVIDUAL MEMBERSHIP Fee \$10

FAMILY (list names and dates of birth overleaf) Fee \$20

I am a member of _____ Chess Club/League, or

I am not a member of a club but wish to join as an associate member

Do you receive a disability pension Yes No

Donation to ACF Olympiad Appeal (optional) \$ _____

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