



QLDA Membership Renewal Form 2018 -2019



You are a part of a wonderful network of line dancers who are working with QLDA to support and promote Line Dancing in Queensland. Your participation and dues make this service possible and with your \$20.00 membership renewal you are enabling the association to continue to provide the following:

- Website – Class lists, Calendar, Choreography, Advertising
- Newsletter – News, Split Floors, Latest Teaches, Advertising Events
- Facebook – Advertising, Member's contributions
- Instagram – Member's contributions
- Synchronised Social – Dancing at the same time, same day, same dances at four venues across the state

Thank you for your membership and continued support. Your involvement is important and is much appreciated by all Queensland Line Dancers. **Dance Hard, Dance Queensland!**

Please renew your membership today by filling in the information below, this will keep us up to date.

TO RENEW YOUR MEMBERSHIP TO QLDA, PLEASE SELECT ONE OF THE FOLLOWING OPTIONS.	
OPTION 1 <input type="checkbox"/>	Complete this Membership Form and hand it to a QLDA Executive Member with \$20/\$30 cash. If you require your newsletter to be posted you will need to pay \$30 this will cover printing and postage.
OPTION 2 <input type="checkbox"/>	(a) Complete a Bank Transfer or Deposit your money into the following CBA account. Please ensure that you add your name to the transfer information so we know who has deposited this money. BSB: 064-408 ACC#: 1013 2768 ACC Name: QLDA (b) Complete this Membership Form then scan and email the form along with your Transaction Receipt of the above deposit to: info@queenslandlinedance.com
OPTION 3 <input type="checkbox"/>	Complete this Form and post it along with your Cheque/ Bank Cheque / Money Order to: QLDA Membership Coordinator, 29 Oakes Street, CHILDERS QLD 4660 (Receipts will be issued on payment. Make cheques etc payable to "Queensland Line Dance Assn Inc.)

NAME: _____

ADDRESS: _____

TOWN/SUBURB: _____ STATE: _____ POST CODE: _____

PHONE NUMBER: _____ MOBILE NUMBER: _____

EMAIL: _____ Signature _____

Office Use:-		
Payment Amount	Financial year-	Membership #
Adjustment if necessary	Receipt #	Received by