



QUEENSLAND JUSTICES ASSOCIATION Membership Application Form

I hereby apply to become a member of the Queensland Justices Association. I agree to abide by the constitution and by laws of the association*. I am a registered Justice of the Peace or Commissioner for Declarations in the State of Queensland and

- I have attached a letter of appointment from the Department of Justice to verify this
- I have attached a Certificate of Registration as a JP to verify this or
- I have been approached to join by the QJA. As such QJA holds evidence of my appointment.

Signed _____

Preferred Title: Mr. / Mrs. / Miss / Ms. / Dr. / Other (Please circle your preferred title)

Given Names: _____

Surname: _____

Postal Address: _____

_____ **Postcode** _____

Home Address:
(If different to above)

..... **Postcode**

Daytime telephone: **Mobile:**

Email:

Type of JP - C.Dec / J.P.(Qual) / J.P (C.Dec) / J.P. (Mags Ct) Strike out which is not applicable

(Optional) Date of Appointment / / **Date of Birth** / /

All Membership types include a membership card, badge, certificate and the most recent copy of the QJA Journal. Photographs can be included on membership cards if provided. You can send a passport sized print with your application (write name on the back of the image) or a digital image (JPEG saved at least to 200 dpi with a file name that is your name). Please tick which membership category applies.

- Regular Membership \$49.20
- Concession Membership \$37.20 (Full time students and concession card holders. Proof must be provided)
- Joint Membership \$60.00 (Two people residing at the same location)
- I would like to purchase "The Guide to JP Practice in Qld" at the special price of:
\$20.00 (including postage & handling – usually \$22.50)

Your subscription will be renewable on 1st July 2010. Persons joining after January 1 will have their amount charged on a pro rata basis i.e. as a proportion of 12 months membership.

PAYMENT INFORMATION - Circle appropriate details

I have enclosed a Cheque / Money Order or I will pay by Visa / MasterCard.

Card No: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Name on Card:

Signature: Date

MAIL TO: The Registrar, QJA, P.O. Box 8419, WOOLLOONGABBA QLD 4102
Or by fax to 07 3392 2955 or scan then email to admin@qja.com.au

* The constitution and by laws of the association can be viewed at www.qja.com.au or a paper copy can be requested from the above address