

Toowoomba
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Application for Membership

Membership renews annually from the date you pay.

Dr/Mr/Mrs/Miss/Ms Surname:		
First Name:	DOB:	Sex: M / F
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First Name:	DOB:	Sex: M / F
First Name:	DOB:	Sex: M / F
Address:		
	State:	Postcode:
Phone:	Mobile:	
Email:		
Circle which one applies:		
Individual Membership (\$20)	Concession (\$10)	Family (\$50)
Our club is run by volunteers. Ple interested in any of the following		er or as parent are
☐ I am interested in helping at so☐ I am interested in helping at w☐ I am interested in helping at the	eekend tournaments	ed on the day)
I wish to join the Toowoomba C Chess Club's Constitution and the personal information with the Au rating lists and forwarding news Chess Club to contact me with new	ne CAQ's Code of Conduct. stralian Chess Federation Inc s of general interest. I conse	I consent to share my to maintain the national nt for the Toowoomba
Signature:		Date: / /