

Council to Homeless Persons Queensland Inc

ABN: 37 982 149 059

ASSOCIATE MEMBERSHIP APPLICATION / RENEWAL

Individual / Agency Name

Phone

Fax

Street Address

Email

Suburb

State

Postcode

I wish to apply to become an Associate Member of the Council to Homeless Persons Queensland Inc, and declare my organisation's commitment to the principles as set out in the Rules and Policies of the Association.

An Associate Member is defined as an individual or organisation whose application for associate membership has been accepted as provided in the Rules or any person properly authorised to act on their behalf. Each Associate member is a member of the association for all purposes except that:

- Their number shall not count in calculating a quorum of members for an Annual General Meeting, General Meeting or Special General Meeting.
- They shall not be entitled to vote at any Annual Meeting, General Meeting or Special Meeting.

The following individuals are nominated as representatives to act on behalf of the organisation stated in this application:

Name

Signature

Mobile

Name

Signature

Mobile

Authorised by:

(Executive or CEO of your organisation. New Members only)

Name: _____ Signature: _____ Role: _____

Membership accepted on behalf of CHPQ Inc by:

Name: _____ Signature: _____ Role: _____



Please email completed membership form to info@chpq.org.au or post to CHPQ, PO Box 1111, Lutwyche, Qld, 4030