



CHESS ASSOCIATION OF QUEENSLAND INC

Membership Secretary, PO Box 9, Inala, Qld, 4077. Ph 0411 704 815

Email: caqqld@hotmail.com

APPLICATION FOR MEMBERSHIP to 31 December

Membership fees paid after 1 October include the following year.

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

Given Names: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____ Phone: _____

Email: _____ @ _____

Sex: Male Female (Please circle)

Membership: Individual \$20 / 1 Year \$50 / 3 Year

 Family \$40 / 1 Year \$90 / 3 Year

I am a member of _____ chess club OR

I wish to be an associate member (not a member of any chess club).

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.