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| --- | --- | --- | --- | --- | --- |
| **FNQ SAFETY GROUP MEMBERSHIP APPLICATION** | | | | | |
| **DATE:**  / /    You are applying for membership of the FNQ Safety Group. Meetings are held on the second Thursday of every  month from 2.30pm - 4.00pm and venues are advised via email, website or mailed minutes.  No monthly meeting is held in December or January, and the full day Safety Connect seminar is held in May each year.  Please complete the following information and return with payment to:    **The Secretary, FNQ Safety Group, PO Box 6890, CAIRNS QLD 4870**  **or email** [**info@fnqsafetygroup.org.au**](mailto:info@fnqsafetygroup.org.au) | | | | | |
| **Member’s Details** | | | | | |
| First Name | |  | Surname |  | |
| Mailing Address | |  | | | |
| Email Address | |  | | | |
| Phone | |  | Mobile Phone |  | |
| **Employer’s Details** | | | | | |
| Company Name | |  | | | |
| Mailing Address | |  | | | |
| Email Address | |  | | | |
| Phone | |  | Fax |  | |
| **Payment Method - Annual Membership Fee $30.00**  (FNQSG is not registered for GST) | | | | | |
| 🞎 Direct Deposit BSB: 064-804 Account: 1379 7455 FNQ Safety Group Ref: Your Name | | | | | |
| 🞎 Cheque Attached | 🞎 Please charge the above amount to my credit card with the following details. | | | | |
| Cardholder’s Name |  | | Card Type | | VISA 🞎 MasterCard 🞎 |
| Card Number |  | | Expiry Date | |  |
| Cardholder’s Signature |  | | Verification Number  (3 digit number on back of card) | |  |
| The information supplied is for FNQ Safety Group administration only and remains strictly confidential. | | | | | |

Version 1 : 6 Oct 2015