

**Gold Coast Rockers Dance Club Incorporated**  
**ABN 41609016162**

Member  
No:

**Membership Application (Please tick one):**

**New Member**

**Renewal of Membership No:** \_\_\_\_\_

Membership Fee: **\$25** (to 30<sup>th</sup> September 2020)

**EITHER:** Return this completed form with **CASH** payment on Club Night (preferred payment method)

**OR:** Mail your completed form with a cheque made payable to Gold Coast Rockers Dance Club Inc. to

The Secretary  
Gold Coast Rockers Dance Club Inc.  
PO Box 5329 Q Supercentre Qld 4213

**Please print clearly:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Birth month: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

I hereby make an application to become a member/ renew my membership (*strike out one option*) with the Gold Coast Rockers Dance Club Inc. and agree to abide by the rules and regulations of the Incorporated Constitution as amended from time to time.

**Waiver of Liability**

I acknowledge that:

1. My property and my person at any and all events and activities of Gold Coast Rockers Dance Club Inc (hereafter referred to as GCRDC Inc) and of any of its servants or agents are at my own risk.
2. During all such times while on the premises or at any event or activity of GCRDC Inc., GCRDC Inc will not be liable for any loss or damage or personal injury or loss of property whether caused by its negligence, wrongful act, or default or otherwise.
3. I will not hold GCRDC Inc liable for any loss or damage or personal injury or loss of property whether caused by its negligence, wrongful act, or default or otherwise.
4. I indemnify GCRDC Inc against any claim made against it by any person for loss or damage caused by my negligence, wrongful act, or default or otherwise.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:**

Amount: \$ \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed: \_\_\_\_\_

Receipt No: \_\_\_\_\_