

**GOLD COAST ROCKERS DANCE CLUB INCORPORATED**  
**ABN 41609016162**

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

**Member No:** \_\_\_\_\_

**New Member**

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

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

- EITHER:**
- \*\* Deposit \$25 - Gold Coast Rockers Dance Club Inc.  
Bsb: 638.070 A/c: 7083513 Heritage Bank **"INCLUDE NAME WITH DEPOSIT"**
  - \*\* Return this completed form with **CASH** payment on Club Night  
**(preferred payment method)**
  - \*\* Mail your completed form with a cheque made payable to: Gold Coast Rockers Dance Club Inc.  
To: Gold Coast Rockers Dance Club Inc., PO Box 328, Robina 4226

**PLEASE PRINT CLEARLY**

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

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

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

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

Mobile: \_\_\_\_\_

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

\*\* How did you (**New member**) find out about us?

\_\_\_\_\_

I hereby make an application to become a **member / renew my membership** 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.

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office use only....** Amount: \$ \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

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