



## The Federation of Indian Communities of Queensland Inc.

ABN: 89 440 569 010 | [www.ficq.org.au](http://www.ficq.org.au)

Membership Form

Financial Year:

New      Renewal

### ***Association Information***

Association Name:

Address:

Suburb:

Postcode:

Contact Number/Email

Website

### ***Official Delegates' Information***

Delegate #1:

Delegate #2:

Name

Name

Position

Position

Email

Email

Contact Number

Contact Number

I wish to apply for membership of FICQ for six months for this financial year 1 July 2018 to 31 December 2018 and 1 January 2019 to 31 December 2019. I have read and understood the conditions of membership as set out in the FICQ constitution. I agree to abide by all the rules and regulations of the Federation. I further pledge to work cooperatively and diligently to achieve the aims and objectives of FICQ and to serve the needs of the multicultural community in the Queensland.

### **Signature of Official Delegate**

Name:

Date:



Explanatory Notes:

***Membership is open for all community organisations or associations interested in mutual learning, understanding and supporting of the Indian culture, tradition and socialisation. An incorporated or registered organisation or association will be eligible for the membership. In addition, a business council will also be eligible for the membership.***

1. Membership applications are subject to the approval of the General Council. Membership fees are renewable annually.

- A statement of our eligibility to the membership**
- Certificate of incorporation**
- Constitution**
- Number of financial members**
- Names of the office bearer**

Membership Fee:

1 July 2018 to 31 December 2018 \$50

1 January 2019 to 31 December 2019. \$ 100

Total :\$150

1. Is your organization an incorporated entity?
2. Does your organization have public liability insurance?
3. Approximately how many members does your organization have?

	Yes	No	

(please provide a number)

4. Key activities organized by the organization every year?

Activity 1

Activity 2

Activity 3

Activity 4

*For official record:*  
Form Received on

**Payment:** Online Transfer

Received on