

THE ASSOCIATION OF TOURIST RAILWAYS –
QUEENSLAND INC.

ABN 22 682 467 433

MEMBERSHIP APPLICATION FORM

Name of Organization : _____

Postal Address : _____

Please enroll our organization as a Full Member OR Associate Member OR Affiliate Member of the ATRQ Inc. (Please delete the non applicable membership types)

Costs :-

ATRQ – Compulsory Membership Fee \$ 100-00

ATHRA – Compulsory Membership Fee

Which will be either:

Accredited Operator \$65-00

Non Accredited Operator \$30-00

(PLEASE SELECT AND INSERT) \$ _ _ _ _ _

TOTAL \$ _____

We wish to nominate the following as our authorized representatives to act on our behalf And represent our organization at Meetings of the ATRQ Inc. until advised otherwise.

First Nominee – Name : _____

Address : _____

Phone (H) : _____ Phone (M) : _____

E-Mail : _____

Second Nominee – Name : _____

Address : _____

Phone (H) : _____ Phone (M) : _____

E-Mail : _____

If accepted for membership we agree to be bound by the Rules of the ATRQ Inc. Until advised otherwise.

Signature of President

Signature of Secretary

The Common Seal of Applicant Corporation (if applicable)