



Sandgate & Bracken Ridge Action Group Incorporated (SANDBAG Inc)

Membership Form

SANDBAG Inc. is a local independent community-based organisation. Our vision is of communities of diversity and resilience where people connect, share and grow.

You are invited to become a registered SANDBAG Inc. member and contribute to the future of SANDBAG Inc. and our community.

APPLICANT DETAILS		
Name		
<input type="checkbox"/> Individual	<input type="checkbox"/> Concession	<input type="checkbox"/> New Membership
<input type="checkbox"/> Family		<input type="checkbox"/> Membership Renewal
<input type="checkbox"/> Other organisation		<input type="checkbox"/> Volunteer
Address		
Postcode		
Phone (Home)	Phone (Mobile)	Email
I subscribe to SANDBAG's vision and will seek to positively support its operations.		
Your name	Signature	Date
Nominated by	Seconded by	
(Print & Sign name)	(Print & Sign name)	

Sandgate & Bracken Ridge Action Group Inc

CREATING COMMUNITY CONNECTIONS

Phone: (07) 3869 3244

www.sandbag.org.au

admin@sandbag.org.au

ABN 53 905 821 076

Find us at:

Sandgate Community Centre
153 Rainbow Street
Sandgate QLD 4017

SANDBAG Bracken Ridge Hub
77 Bracken Street
Bracken Ridge QLD 4017

CLASS OF MEMBERSHIP

Individual/Volunteer Membership	<input type="checkbox"/> 1 yr \$20 <input type="checkbox"/> 2 yr \$40
Family Membership (1 vote)	<input type="checkbox"/> 1 yr \$50 <input type="checkbox"/> 2 yr \$100
Concession Membership	<input type="checkbox"/> 1 yr \$10 <input type="checkbox"/> 2 yr \$20
Associate Membership (Staff)	<input type="checkbox"/> No membership fee

All memberships fall due on 30th October each year. Any new membership registered after 1st July 2021 will be valid until 30 October 2022.

OR

Instead of becoming a member, I wish to donate to SANDBAG Inc.

\$20 \$50 \$75
 \$100 \$200 \$ _____

Payment Details

Donations can be made by credit card, cheque, or direct deposit to:

Account Name: SANDBAG Inc.
BSB: 484 799 **A/C:** 0271 29297

Please make cheques payable to:
Sandgate & Bracken Ridge Action Group Inc.

Donations over \$2 are tax deductible – please request a receipt.

Visa Mastercard

Cardholder Name _____

Card Number _____

Expiry Date _____

Signature _____

OFFICE USE ONLY

Approved

Registered

Receipt No. _____