



**PROPERTY OWNERS'  
ASSOCIATION  
OF QUEENSLAND**

*Watchdog of Rental Property Owners since 1916*

**SECRETARIAT**

**P.O. Box 1984, Toowong QLD 4066 Phone: (07) 3378 7411 Fax: (07) 3848 7338 Email: [qld@paaa.asn.au](mailto:qld@paaa.asn.au)**

**ANNUAL SUBSCRIPTION \$100.00, or \$180.00 for 2 years, or \$250.00 for 3 years  
(includes one free Tica search)**

*(Tax Deductible if earning income from rental property) ABN: 84 895 014 557*

***APPLICATION FOR MEMBERSHIP*** (give to your friends with investment properties to join)

**DISCLAIMER:** The POAQ is an organisation that exists to assist its members in maximising the satisfaction of owning and operating rental property. From time to time, we provide information and guidance to members on individual problems in the rental industry. Whilst every care is, and will be taken when providing information and guidance, the complexities of individual problems preclude us from accepting responsibility for any information given. All members are strongly recommended to examine, the legal and financial aspects of their particular situation, as they arise and take responsibility for the decisions they implement. Acceptance of these conditions is a condition of membership of the Property Owners' Association of Queensland Inc.

*I, the Undersigned, having read the above disclaimer, hereby make application to become a member of the POAQ and agree to be bound by the Constitution and Rules of the Association.*

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PARTNER'S NAME:** \_\_\_\_\_

**COMPANY NAME** (if relevant): \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Proposed by current POAQ members:** [Not Mandatory] \_\_\_\_\_

Please circle      **1 year: \$100**      **2 years: \$180**      **3 years: \$250**

Please tick your payment option:

- Direct Debit to: BSB 064103, Account 10068205, Please enter Surname as reference.
- My cheque for \$\_\_\_\_\_ is enclosed
- Please debit my credit card: MasterCard / Visa

**Credit Cardholder's Name:** \_\_\_\_\_ (as appears on your card)

**Card No.** |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_|

**Expiry Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Website: [www.paaa.asn.au](http://www.paaa.asn.au)**