**Membership Form (Organisations Only)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organisation Name: |  | | | | | |
|  |  | | | | | |
| Organisation Type: | | Advocacy | | Service Provider | | Commercial |
| Other: | | |  | | | |
|  | | |  | | | |
| Web Address: |  | | | | | |
|  |  | | | | | |
| Address: |  | | | | | |
|  |  | | | | | |
| Contact Name: |  | | | Position: |  | |
|  |  | | |  |  | |
| Business Phone: |  | | | Mobile: |  | |
|  |  | | |  |  | |
| Email: |  | | | | | |

**Please number from 1-5 what your organisation sees as the most important plans for the Queensland Government from the QCAA.**

|  |  |  |
| --- | --- | --- |
|  | Winding back late night trading hours and continuing moratorium on late night trading | |
|  | Preventing the harmful discounting and promotion of alcohol | |
|  | Collecting data on alcohol sales, consumption and harms | |
|  | Controlling the density of licensed premises | |
|  | Enforcing responsible service of alcohol requirements | |
|  | Other: |  |

**In signing this membership application, organisations declare that they understand the following -**

Members will have no direct financial relationship with the alcohol industry or any of its organisations and the alcohol industry shall have no role in policy development within member organisations

This is an application only and it does no confer automatic membership. Membership applications will be considered by the QCAA and applicants will be advised as soon as possible

Applicants must accept the current policy positions of the QCAA

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