



# QUEENSLAND FAMILY HISTORY SOCIETY Inc.

Library & Resource Centre: 58 Bellevue Avenue, GAYTHORNE

All mail to: PO Box 171, INDOOROOPILLY QLD 4068

## NEW MEMBERSHIP APPLICATION

TAX INVOICE ABN 60 860 936 626

### PERSONAL DETAILS

Primary Member Cardholder	Secondary Member Cardholder
Preferred title. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Preferred title. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Family name	Family name
Preferred first name to appear on membership card	Preferred first name to appear on membership card
Residential address  Post code <input type="text"/>	All correspondence, including copies of the Society's quarterly Journal, will be mailed to the Primary Cardholder's address as shown at left.
Postal address if different from above  Post code <input type="text"/>	
Telephone incl code <input type="text"/>	Telephone incl code <input type="text"/>
Email address	Email address
Occupation or special skills (optional)	Occupation or special skills (optional)

MEMBERSHIP CATEGORY:  ONE TERM:  ONE

<input type="checkbox"/> Ordinary	<input type="checkbox"/> 1 year	Available after 30 September	Available after 31 December	Available after 31 March
<input type="checkbox"/> Family/dual (2 @ 1 registered address, 1 vote, 1 journal)	1 July - 30 June			
<input type="checkbox"/> Associate (conditions apply)	Standard Membership Year	<input type="checkbox"/> 3/4 year	<input type="checkbox"/> 1/2 year	<input type="checkbox"/> 1/4 year
		1 Oct - 30 June	1 Jan - 30 June	1 Apr - 30 June

### METHOD OF PAYMENT

Cash (AUD\$ only) or  EFTPOS (available only in person at the library during opening hours)

Cheque or Aust Money Order (made payable to QFHS Inc) is  enclosed.

Credit Card. Please charge my  MasterCard  Visa

Credit card No. --- Expiry date /

### CREDIT CARDHOLDER'S AUTHORISATION

Name as it appears on credit card (Please print)	Cardholder's signature X  Date ___/___/___
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### AGREEMENT

I/WE AGREE to abide by the Society's Rules, and uphold its aims and objects. I/we note that membership is subject to formal acceptance by the Management Committee and until approved I/we agree to produce my/our temporary membership card or receipt when visiting the Library. Not Valid Unless Signed.

Primary Member X  Date ___/___/___	Secondary Member X  Date ___/___/___
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TAKE TO THE LIBRARY, OR POST. Enquiries: [membership@qfhs.org.au](mailto:membership@qfhs.org.au)

Admin use only : Received	Receipt No Issued	New Membership Kit	Card Issued
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