



**NEW
MEMBERSHIP
APPLICATION**

PERSONAL DETAILS

Details	Principal Member	Second Member of a Dual Membership
Family Name and Title	Mr, Mrs, Miss, Ms, Dr. Please circle (Please print name)	Mr, Mrs, Miss, Ms, Dr. Please circle (Please print name)
Given Names	Please <u>underline</u> preferred given name to appear on membership card	Please <u>underline</u> preferred given name to appear on membership card
Residential Address	Post code	All correspondence, including copies of the Society's quarterly Journal, will be mailed to the Principal Member's address as shown to the left.
Postal Address (if different)	Post code	
Telephone (include code)		
Email address (please print)		
Occupation/special skills (optional)		

MEMBERSHIP CATEGORY / TERM

Membership Category : please tick ONE only	Term : please tick ONE only
<input type="checkbox"/> Ordinary (Single) <input type="checkbox"/> Dual <input type="checkbox"/> Associate (Group) <input type="checkbox"/> Journal Only	<input type="checkbox"/> 1 year, 1 Jul - 30 Jun <input type="checkbox"/> ½ year, 1 Jan - 30 Jun <input type="checkbox"/> ¾ year, 1 Oct - 30 Jun <input type="checkbox"/> ¼ year, 1 Apr - 30 Jun

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 my/our permanent membership card is received, agree to produce my/our temporary membership card or receipt when visiting the library. **Not valid unless signed.**

SIGNATURE/S OF APPLICANT/S FOR MEMBERSHIP

Principal Member <div style="text-align: right;">Date ___/___/___</div>	Secondary Member <div style="text-align: right;">Date ___/___/___</div>
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METHOD OF PAYMENT

Please complete these sections. I wish to pay the sum of \$_____:_____ by (please tick one)

- Cash/EFTPOS** (available only in person at the library during opening hours)
 Cheque/Money order (payable to Queensland Family History Society Inc.)
 Credit card I authorise you to charge my VISA MasterCard

Credit card No |__|_|_|_|_|-|__|_|_|_|_|-|__|_|_|_|_|-|__|_|_|_|_| Expiry date |__|_|/|__|_| CCV No |__|_|_|_|

CREDIT CARDHOLDER'S AUTHORISATION

Cardholder's name (Please print as it appears on credit card)	Cardholder's signature <div style="text-align: right;">Date ___/___/___</div>
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TAKE TO THE LIBRARY (58 Bellevue Ave, Gaythorne) **OR POST** (PO Box 171, Indooroopilly 4068).

Enquiries: membership@qfhs.org.au

Admin use only : Receipt No and Date	Received by Membership Secretary	New Membership Kit	Card Issued
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