



APPLICATION FOR MEMBERSHIP

(Please Print)

APPLICANT'S DETAILS

Family name			
Given Names			
Address		Post code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel (incl code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax (incl code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email		QFHS Membership No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DETAILS OF PIONEER FROM WHOM DESCENT IS CLAIMED

Family name			
Given Names			
Date of Embarkation *(eg 10 Dec 1859)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Vessel	
Place of Embarkation			
Date of Arrival in Queensland*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Port of Entry	
Relationship to applicant as shown in table of lineal descent			

DECLARATION BY APPLICANT

I have received a copy of the regulations of the Queensland Pre-Separation Group, together with an outline of the proofs required and I declare that the statements made by me above and on the table of lineal descent are true and correct.	
Signature	Date

FOR SOCIETY USE ONLY

Proofs accepted	Examiners	Date
Chairman	Date	Pre-Sep membership No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Deliver personally to the Library OR post