



Street address: 58 Bellevue Avenue, Gaythorne QLD  
 Postal address: PO Box 171, Indooroopilly QLD 4068

**NEW  
MEMBERSHIP  
APPLICATION**

ABN 60 860 936 626

**TAX INVOICE**

**PERSONAL DETAILS**

Details	Principal Member	Second Member of a Dual Membership
<b>Family Name and Title</b>	Dr, Mr, Mrs, Miss, Ms. Please circle (Please print name)	Dr, Mr, Mrs, Miss, Ms. Please circle (Please print name)
<b>Given Names</b>	Please <u>underline</u> name to appear on membership card	Please <u>underline</u> name to appear on membership card
<b>Residential Address</b>	Post code	Correspondence, including the Society's quarterly Journal, will be forwarded to the Principal Member's email address or postal address if no email available
<b>Postal Address</b> (if different)	Post code	
<b>Email address</b> (please print)		
<b>Telephone</b> (include code)		

**Work experience/special skills: Please see the reverse side of this form**

CATEGORY (Please tick ONE only)	DESCRIPTION	FEE*
<input type="checkbox"/> <b>Ordinary Membership</b>	Single member.	<b>\$84</b>
<input type="checkbox"/> <b>Dual Membership</b>	Two members contactable at one registered address, receiving one journal, and having one vote at General Meetings.	<b>\$119</b>
<input type="checkbox"/> <b>Associate Membership</b>	Genealogical, family, local history societies, and other allied groups, providing for no more than two members attending the QFHS library at any one time (unless by prior arrangement).	<b>\$119</b>
<input type="checkbox"/> <b>Journal Only</b> (Not regarded as a Membership)	A Journal Only subscription entitles you to receive the Society's journal, the Queensland Family Historian, but offers no other benefits or entitlements. Journal Only subscriptions are not required from bodies which have an Exchange Journal Agreement with the Society or receive complimentary copies.	<b>\$35</b>

**\* All fees include GST - The FEE for the first subscription year includes a joining fee of \$14.**

**SUBSCRIPTIONS ARE FOR ONE YEAR FROM THE FIRST DAY OF THE MONTH OF ADMISSION TO QFHS.**

**THE PAYMENT METHODS FOR THE FEES ARE DETAILED ON THE REVERSE SIDE**

**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 acceptance by the Management Committee and, until my/our permanent membership card is/are received, agree to produce my/our receipt when visiting the library. **NOT VALID UNLESS SIGNED.**

**SIGNATURE/S OF APPLICANT/S**

Principal Member	Second Member of Dual Membership
Date / /	Date / /

**TAKE TO THE LIBRARY OR POST**

Enquiries to: [membership@qfhs.org.au](mailto:membership@qfhs.org.au)

ADMIN USE ONLY: Receipt No. & Date	Date Received by Membership Secretary	Correspondence sent	Membership Card Issued

DISCOUNT CODE (if applicable) -

PAYMENT METHODS - Please complete this section. I wish to pay the sum of \$ \_\_\_\_\_ by

(Please tick one)

- EFTPOS** (available only in person at the Library)
- Direct Credit to Bank Account** – (Please include First Name & Surname as reference)  
Queensland Family History Society Inc BSB: 484 799 A/c No: 0412 17518
- Credit Card** - I authorise you to charge my  **VISA**  **MasterCard**

Card No. |\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_| Expiry date |\_|\_|/|\_|\_| CCV No |\_|\_|\_|

**CREDIT CARDHOLDER’S AUTHORISATION**

<b>Cardholder’s name</b> (Please print as it appears on credit card)	<b>Signature</b>          <div style="text-align: right;">Date    /    /</div>
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**WORK EXPERIENCE/SPECIAL SKILLS**

This space is left for you to record briefly your work experience/s or special skills you have acquired. It is not mandatory to provide this information. However, as the Society is a not-for-profit organisation and is entirely volunteer-based, such information may greatly assist activity planning.

<b>Principal Member</b>	<b>Second Member of Dual Membership</b>
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