

Street address: 46 Delaware Street, Chermside Qld 4032 Postal address: PO Box 78, Geebung Qld 4034

ABN 60 860 936 626

Tax invoice on completion of transaction

PERSONAL	DFTAILS -	PLEASE	PRINT
LINGONAL			

Details	Principal Member					Second Member of a Dual Members					rship	
Title (eg. Mr, Ms)												
Family Name												
Given Names	Please <u>und</u>	Please <u>underline</u> name to appear on membership card				Please <u>unc</u>	<u>lerline</u> namet	oappearonm	nembership c	ard		
Residential Address				Post code	e			sponden erly Jour		-		
Postal Address (if different)		Post code					the Pr	incipal N address	/lember	's email	address	
Email address (please print)												
Telephone (include code)												
Age group												
(Optional: to tailor services)	<40	40s	50s	60s	70s	>80	<40	40s	50s	60s	70s	>80

CATEGORY (Please tick ONE only)	DESCRIPTION	FEE
Single Membership	Single member. Includes Joining Fee \$14	\$84
Dual Membership	Two members contactable at one registered address, receiving one journal, and having one vote at General Meetings. Includes Joining Fee \$14	\$119
Journal Only (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. A subscription is not required from bodies which have an exchange journal agreement with the Society or receive complimentary copies.	\$35
	All fees include GST	
Subscriptions are	for one year from the first day of the month of admission to QFHS.	
	TURN OVER FOR PAYMENT DETAILS	

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@afhs.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 wis	h to pay the sum of \$ by
EFTPOS (available only in person at the Library)	
Direct Credit to Bank Account – (Please include Queensland Family History Society Inc BSB: 4	-
Credit Card - I authorise you to charge my	VISA MasterCard
Card No. - _ - _ - _ - _ - _ - _ - _ - _ - _ - _ - _ - _ - _ -	Expiry date / CCV No
CREDIT CARDHOLDER'S AUTHORISATION	
Cardholder's name (Please print as it appears on credit card)	Signature
	Date / /

RESEARCH INTERESTS (optional)

Please use the space below to briefly record your family history research interests (ancestral locations, family history software, writing and publishing, DNA testing & results, etc.)

Principal Member	Second Member of Dual Membership

WHERE DID YOU HEAR ABOUT QFHS? (tick all relevant)

Word of mouth
QFHS publication
Newspaper or magazine article or advertisement
Social media (Facebook, Twitter, Instagram)
Google search, including QFHS website (qfhs.org.au)
Other (please give detail):