

ABN 60 860 936 626

Tax invoice on completion of transaction

ORGANISATION DETAILS – PLEASE PRINT

Details	Associate Subscription
Name	
Address	Postcode
Postal Address (if different)	Postcode
Email address (please print)	
Telephone (include code)	
Contact Person	
Email address (please print)	
Telephone (include code)	

ALL COMMUNICATIONS, including our Monthly Newsletter 'Snippets' and our quarterly Journal 'Queensland Family Historian' will be sent via email

CATEGORY	FEE
Associate Subscription	\$100

Our Privacy Policy is available on the QFHS website at https://www.qfhs.org.au/media/8387/qfhs_privacy_policy.pdf

AGREEMENT - We agree to abide by the Society's rules and uphold its aims and objects. We note that subscription is subject to acceptance by the Management Committee and, until our permanent membership card is received, agree to produce our receipt when visiting the library. **NOT VALID UNLESS SIGNED.**

SIGNATURE OF APPLICANT

On behalf of Organisation
Date / /

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

- ☐ **On-line Payment** using PayPal through the QFHS website <http://www.qfhs.org.au/join-us/join-qfhs-or-renew-membership/>
- ☐ **Direct Credit to Bank Account** (Please include Surname & Membership Number as reference) Queensland Family History Society Inc BSB: 484 799 A/c No: 0412 17518
- ☐ **EFTPOS** (available only in person at the library during opening hours)

Please either take to QFHS FAMILY HISTORY RESEARCH CENTRE or POST

Enquiries to: membership@qfhs.org.au

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

