UEENSLAND FAMILY HISTORY SOCIETY Inc

Street Address: 46 Delaware Street, Chermside Qld 4032
Post Address: PO Box 78, Geebung Qld 4034

TAX INVOICE — ABN 60 860 936 626

MEMBERSHIP RENEWAL

CATEGORY (Please tick one only) **(Fees include GST)**

☐ Individual Membership (single), includes Journal	**$80**
☐ Joint Membership, includes Journal	**$120**

MEMBER NO: M

Details	Individual Member	Second Member of a Joint Membership
Family Name and Title	Dr, Mr, Mrs, Miss, Ms, please circle (Please print name)	Dr, Mr, Mrs, Miss, Ms, please circle (Please print name)
Given Names		
IF ANY OF YOUR CONTACT DETAILS HAVE CHANGED, UPDATE BELOW (Please print)		
Residential Address	Post code	Post code
Postal Address (if different)	Post code	Post code
Email address (Please print)		
Telephone (Include area code)		

Subscription Renewal ☐ Individual ☐ Joint	**$**
Plus donation towards additional Library resources – *Tax deductible*	**$**
Total Payment	**$**

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

☐ **On-line Payment** using PayPal through the QFHS website *http://www.qfhs.org.au/join-us/join-qfhs-or-renew-membership/*
If changes need to be made to your details, please advise by emailing them to membership@qfhs.org.au

☐ **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)

Enquiries: membership@qfhs.org.au

ADMIN USE ONLY	Receipt No. and Date	Date Received by Membership Secretary