



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

**NEW
MEMBERSHIP
APPLICATION**

PLEASE PRINT:

Tax invoice on completion of transaction: ABN 60 860 936 626

Details	Member A	Member B (for Dual Membership)
Title (eg. Mr, Ms)		
Family Name		
Given Names		
Preferred Name on Membership Card		
Residential Address	Post code	Postcode
Postal Address (if different)	Post code	Postcode
Email address (please print)		
Telephone (include code)		
Age group <small>(Optional: to tailor services)</small>	<input type="checkbox"/> <40 <input type="checkbox"/> 40s <input type="checkbox"/> 50s <input type="checkbox"/> 60s <input type="checkbox"/> 70s <input type="checkbox"/> >80	<input type="checkbox"/> <40 <input type="checkbox"/> 40s <input type="checkbox"/> 50s <input type="checkbox"/> 60s <input type="checkbox"/> 70s <input type="checkbox"/> >80

CATEGORY <small>(Please tick ONE only)</small>	DESCRIPTION	FEE
<input type="checkbox"/> Single Membership	Single member. Includes Joining Fee \$10	\$90
<input type="checkbox"/> Dual Membership	Two members contactable at Member A's address, both receiving all electronic communications, and having one vote at General Meetings. Includes Joining Fee \$10	\$130

ALL COMMUNICATIONS, including special announcements, our monthly newsletter 'Snippets' and our quarterly journal 'Queensland Family Historian', are delivered via email.

All fees include GST – See page 2 for payment details

Subscriptions are for one year from the first day of the month of admission to QFHS

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

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 Research Centre. **NOT VALID UNLESS SIGNED.**

SIGNATURE/S OF APPLICANT/S

Member A Date / /	Member B Date / /
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Please either take to QFHS FAMILY HISTORY RESEARCH CENTRE or POST or SCAN and EMAIL to membership@qfhs.org.au

ADMIN USE ONLY: Receipt No. & Date	Date Received by Membership Secretary	Correspondence sent	Membership Card Issued
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DISCOUNT CODE (if applicable) -

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

- EFTPOS** (available only in person at the Research Centre)
- 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

Cardholder's name (Please print as it appears on credit card)	Signature
	Date / /

RESEARCH INTERESTS (optional but useful to help tailor services to your requirements)

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.)

Member A	Member B

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

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