



# QUEENSLAND FAMILY HISTORY SOCIETY Inc

Street Address: 46 Delaware Street, Chermside Qld 4032

Post Address: PO Box 78, Geebung Qld 4034

**MEMBERSHIP  
RENEWAL**

**TAX INVOICE** — ABN 60 860 936 626

CATEGORY: (tick one only)

  

Ordinary Membership (single) \$80

Dual Membership \$120 (fees include GST)

MEMBER No:

M

**PLEASE PRINT**

Details	Member A	Member B (for Dual Membership)
Title		
Family Name		
Given Name		

**Have any contact details changed? Please update below OR online: [www.qfhs.org.au/members-portal/](http://www.qfhs.org.au/members-portal/)**

Residential Address	Postcode	Postcode
Postal Address (if different)	Postcode	Postcode
Email address (Please print)		
Telephone		

Subscription Renewal	\$
Donation towards provision of additional research data for member use <i>Tax deductible</i>	\$
<b>Total Payment</b>	\$

I wish to pay the sum of \$ \_\_\_\_\_ by (select from the following)

On-line Payment using PayPal through the QFHS website <http://www.qfhs.org.au/join-us/join-qfhs-or-renew-membership/>

**Remember: update changes to member details online in the QFHS Members Portal** [www.qfhs.org.au/members-portal/](http://www.qfhs.org.au/members-portal/)

Direct Credit to Bank Account (Please include Family Name & Membership No. as reference)

Queensland Family History Society Inc BSB: 484 799 A/c No: 0412 17518

EFTPOS (available only in person at the Research Centre during opening hours)

Credit card I authorise QFHS to charge my **VISA/ MasterCard:**

Credit card no: |\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_| Expiry date |\_|\_|/|\_|\_| CCV no |\_|\_|\_|

**CREDIT CARDHOLDER'S AUTHORISATION** (only required when paying by credit card)

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

**either take to QFHS FAMILY HISTORY RESEARCH CENTRE or POST**

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

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