

30 Helen Street, Newstead Qld 4006
PO Box 1372, Eagle Farm BC Qld 4009
Ph: 07 3017 1777
Fax: 07 3852 5200
Email: info@qahc.org.au
Website: www.qahc.org.au

Membership Application Form

Thank you for signing up for QAHC membership.

Please complete and return this Membership Application Form together with your remittance.

Name: _____

Address: _____

_____ Postcode: _____

Phone: (h) _____ Mobile: _____

Phone: (w) _____ Email: _____

I hereby enclose my membership payment for one year of:

- Ordinary Membership..... \$20.00
 Concession Membership (students, concession card holders, etc) \$10.00
 Corporate Membership \$25.00
 Financial Life Membership..... \$100.00

I also wish to make a donation of: \$_____

All donations over A\$2.00 are tax deductible; a receipt will be forwarded.

Please make cheques payable to: **Queensland Association for Healthy Communities Inc** and send them together with this form to QAHC, PO Box 1372, Eagle Farm BC Qld 4009..

Date: _____ Signature _____

If you require any further information, please call 07 3017 1777 or 1800 177 434 (if outside of Brisbane). Email: jthwaites@qahc.org.au or check out our website www.qahc.org.au