



30 Helen Street, Newstead Qld 4006
PO Box 3142, South Brisbane BC Qld 4101
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:

Reply Paid 3142 (no stamp required)
QAHC
PO Box 3142
South Brisbane BC Qld 4101

Date: _____ Signature _____

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