



National Servicemen's Association of Australia (Queensland) Inc.

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MEMBERSHIP RENEWAL

2016

Members, Associates and Supporters

Branch:			
Surname MEMBER	Given Names		Service Number MEMBER
Surname SUPPORTER			Number SUPPORTER
Residential Address:			Post Code:
Postal Address (if different from above):			Post Code:
Phone:		Mobile:	
Email:			
Membership Classification(s): (Please Circle)	Full \$30.00	Associate \$30.00	Supporter \$8.00
PRIVACY INFORMATION REQUIRED: permission is required for the following. Please tick your choices:			
Birthday List <input type="checkbox"/> Yes <input type="checkbox"/> No	Sick List <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital Visits <input type="checkbox"/> Yes <input type="checkbox"/> No	Name to appear for Branch circulation <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid: \$		Member's signature:	
Office Use Only			
Date Received:		Branch Receipt Number:	
Date entered on Computer:		State Receipt Number:	
Credit Card Details		Name that appears on card:	
↓		-----	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature:		Expiry date on card: <input type="checkbox"/>	

CHEQUE IN FAVOUR TO NSAA (QLD) INC