



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

Please address all correspondence to:-  
 The State Secretary  
 PO Box 7014  
 HOLLAND PARK EAST QLD 4121

Phone 07 3324 1277

Email: officeadmin@nashoqld.org.au

ABN 87 625 176 937

**MEMBERSHIP RENEWAL  
 2018  
 Members, Associates and Supporters**

<b>Branch:</b>			
Surname MEMBER	Given Names	Service Number MEMBER	
Surname SUPPORTER	Given Names	Number SUPPORTER	
Residential Address:			Post Code:
Postal Address (if different from above):			
			Post Code:
Phone:		Mobile:	
Email:			
Membership Classification(s): (Please circle)	Full \$25.00	Associate \$25.00	Supporter \$8.00
<b>PRIVACY INFORMATION REQUIRED:</b> Permission is required for the following. Please tick your choices: Birthday List      Sick List      Hospital Visits      Name to appear on list for Branch circulation  <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No			
Paid: \$	Member's signature:		

**Office Use Only**

Date Received:	Branch Receipt Number:
Date entered on Computer:	State Receipt Number:

<b>Credit Card Details</b>	Name that appears on card:												
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Signature: _____	Expiry date on card: <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td></tr></table>												

**CHEQUE IN FAVOUR TO NSAA (QLD) INC**