



**Queensland Irish Association Friendly Society Ltd**

**ACN 087 649 367**

**Membership Application 2017-19**

**Applicant's Details**

Title Mr Mrs Ms Miss Dr Other .....

Surname .....

Given Name(s) .....

Date of Birth ...../...../.....

Occupation .....

Email Address .....

Alternate Email Address .....

Home Telephone .....

Mobile .....

**Postal Address**

Address .....

Suburb .....

State ..... Postcode .....

**Emergency Contact**

Name .....

Telephone .....

**Method of Payment**

Bank Transfer: ANZ BSB 014010 ACCOUNT NO 411572417

Please enter your name to identify payment

Cheque: PO Box 12745 George St 4003

**Membership Type**

Fees are payable upon application.

Membership operates on a financial year basis with fees due on 1st July each year.

Associate Membership - (Social) **\$44.00** \_\_\_\_\_

National Membership - (Irish Ancestry) **\$44.00** \_\_\_\_\_

**Qualification for National Membership**

In accordance with the Constitution of the Queensland Irish Association, proof of Irish Birth or Ancestry may be required at the discretion of the Credentials Committee.

Applicant's Place of Birth .....**or**

Full Name of Irish Ancestor .....

Relationship .....

Place of Birth .....

**Proposer and Secunder**

We, the undersigned hereby respectively nominate and second this candidate for Membership of the Queensland Irish Association.

.....  
**Proposer** Membership Number

.....  
**Secunder** Membership Number

**Applicant's Consent**

I consent to the nomination. I am entitled to reside permanently in Australia. I have not been expelled from membership of this or any other association.

I agree to abide by the Constitution of the Queensland Irish Association.

I hereby declare that the above statements are true and correct and I have not withheld any information likely to affect the decision of the Board as to my eligibility for membership.

.....  
**(Signature)** **Applicant's Name**