



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**