

Application form for membership of the Qantas Foundation Memorial Ltd

A.C.N. 011019097

Annual Membership \$30 Annual Family Membership @ \$60

title _____ *name* _____ *surname* _____

title _____ *name* _____ *surname* _____

address _____

state _____ *postcode* _____

email address _____

phone _____ *fax* _____

Please provide some information about yourself and why you would like to become a member of the Qantas Foundation Memorial:

Preferred contact method: Email Post Both

Please send me regular emails about upcoming events in the Museum

By signing this application and paying the required subscription I accept that I am bound by the Constitution of Qantas Foundation Memorial Limited which is a company limited by guarantee and as such I acknowledge that in the event that the company is wound up for non-payment of debts and liabilities then I may be required to contribute an additional amount of up to \$100 to meet those debts.

Applicant 1 Signature

Applicant 2 Signature

Nominator and seconder must be current members of Qantas Foundation Memorial Ltd.

Nominator Signature *Seconder Signature*

Nominator Name *Seconder Name*

Method of payment: Cheque Cash Visa Mastercard

Card number:

Expiry date: /

Name on card *Signature*

Please post to Qantas Foundation Memorial Ltd, P.O. Box 737 Longreach 4730. Only the original can be used, it cannot be faxed or scanned for any transmission.

Office use only

Received: _____ Processed: _____ Approved: _____