



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

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MEMBERSHIP RENEWAL
2018 - 2019
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 \$25	Associate \$25	Supporter \$8.00
PRIVACY INFORMATION REQUIRED: permission is required for the following. Please tick your choices:			
Birthday List	Sick List	Hospital Visits	Name to appear 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:	
Credit Card Details		Name that appears on card:	
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□ □ □ □	□ □ □ □	□ □ □ □	□ □ □ □
Signature:		Expiry date on card: □ □ □ □	

CHEQUE IN FAVOUR TO NSAA (QLD) INC