

Signed

## Application for Membership Aviation Historical Society of Australia (Qld) Inc.

Calendar Year	
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(60)								
Name								
Place a c	ross in this bo	x if there are no	change	s to your co	ontact de	etails, otherv	vise show the ch	anges belov
Address								
Suburb			State	е		Post Code		
Phone				Mobile				
E-mail								
Membership is required Mem		Calendar Year, v	with <b>M</b>	lembershi	<b>p Fees</b> a	as follows. P	lease nominate	your
	Ordinary	Member	\$35					
	Student Member \$20 ** Family Membership is for 2 or more family							
Family Membership ** \$60 members at the same address. Please add extra family names on page 2.								
AHSA (Qld) Ind	c. financial m	embers are also	able t	o subscrik	e to the	e journal " <b>A</b> v	viation Heritage	<b>;"</b>
•	oscribe to "A	viation Heritage	" \$40	)				
Do	nation to AH	SA (Qld) Inc.	\$_					
					7			
		TOTAL COST	\$					
Details for Electronic Funds Transfer (EFT):-								
Banl	k:	Westpa						
	ount Name:	AHSA (	-	ıc.				
BSB	No: ount No:	034055 369046						
NOTE:- Pleas	se insert you	ur name or Post	code a	as a Refer	ence, so	we know	who has sent t	ne money.
Or send a Ch	neque payab	ole to <b>"AHSA (Q</b>	ld) Inc	."				
Please post	this Applicat	ion form and Cl	heque	(where a	pplicab	le) to:-		
Secretary AHSA (Qld) Inc.,								
PO E	30x 2263, R	uncorn, QLD 41	13					
Alternatively e-mail your completed Application Form & EFT details to <a href="mailto:ahsaqld@gmail.com">ahsaqld@gmail.com</a>								
l agre	ee to abide b	y the conditions	of the	AHSA (QI	d) Inc. R	tules		

Date

## **Family Membership**

Please list extra Family members at your same address

## 2<sup>nd</sup> Family Member

	<b>,.</b>				
Name					
Phone	Mobile				
E-mail					
3rd Family Member					
Name					
Phone	Mobile				
E-mail					
	4 <sup>th</sup> Family Member				
Name					
Phone	Mobile				
E-mail					
5th Family Member					
Name					
Phone	Mobile				
E-mail					
6th Family Member					
Name					
Phone	Mobile				
E-mail					