



QYHC MEMBERSHIP APPLICATION

INDIVIDUAL APPLICANT INFORMATION

Name:			
Phone:		Mobile:	
Postal address:			
City:		State:	Post Code:
Office address:			
City:		State:	Post Code:
Email address:			
Please tick		Un-employed/student: \$2.00	Individual: \$5.00

ORGANISATIONAL INFORMATION

Name:			
Phone:		Mobile:	
Postal address:			
City:		State:	Post Code:
Email address:			
Please tick		Unfunded: \$50.00	Funded under \$250,000: \$150.00
Funded over \$250 - \$500,000: \$250.00		Funded \$500,00-\$1m: \$300.00	Funded over \$1m: \$350.00

PLEASE TICK BELOW IF PAYMENT HAS BEEN MADE

Cheque: Queensland Youth Housing Coalition Inc	
Direct Deposit: Queensland Youth Housing Coalition Bendigo Bank BSB: 633-000 Account:121 157 077	

SIGNATURES

On signing this document I understand the Objects of the Queensland Youth Housing Coalition Inc and I am authorized to apply for membership of QYHC.

The information provided on this form is true and accurate.

Signature of applicant:	Date:
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Office Use only

Date received:		
Date accepted:		
Secretary's signature:		
Membership fees paid:	Yes:	No:
	Date of payment:	Form of Payment:

PLEASE POST: PO BOX 122 PADDINGTON Q 4064
OR
FAX BACK: 3876 2168

