

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 IF PAYMENT HAS BEEN MADE OR IF AN INVOICE IS REQUIRED

Cheque: Queensland Youth Housing Coalition Inc	
Direct Deposit: Queensland Youth Housing Coalition Bendigo Bank BSB: 633-000 Account:121 157 077	
Invoice required: If you require an invoice before payment can be made please indicated here	

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:
--------------------------------	--------------

Office Use only

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