| A logo with text on it  AI-generated content may be incorrect.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 | X |
|  |  |  |  |  |
| 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 |
| **Cheque:** Queensland Youth Housing Coalition Inc. |  |
| **Direct Deposit:** Queensland Youth Housing Coalition Bendigo Bank BSB: 633-000 Account:121 157 077 | X |
|  |  |
| 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:** |