



BRAILLE HOUSE

Application For Membership

Please be aware that membership details are never supplied to third parties.

(Please circle one) Mr Mrs Miss Ms Other: _____

Surname: _____

Given Names: _____

Postal Address: _____

Email Address: _____

Phone: (H) _____ (M) _____

I, named above, hereby apply for Ordinary / Family Membership (please circle as appropriate) of the Queensland Braille Writing Association (QBWA) and agree to comply with Rules and Constitution of this Association.

Annual subscription due 1st January in each year:

Individual Membership: \$25 \$ _____

Family Membership: \$40

Community Library Membership: \$100

Yes, I would like to make a donation to QBWA of: \$ _____
Donations over \$2.00 are tax deductible.

TOTAL \$ _____

All information will remain confidential.

I agree to my name and address being recorded in the membership database for accounting purposes.

Signature: _____ Date: _____

Patron: His Excellency the Honourable Paul de Jersey AC Governor of Queensland

ABN: 93 456 085 512

T: (07) 3848 5257 • F: (07) 3848 8099 • E: admin@qbwa.org.au

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www.qbwa.org.au