



# BRAILLE HOUSE

## Application for Membership

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

### Individual & Family Membership

(Please circle one) Mr Mrs Miss Ms Other: \_\_\_\_\_

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

### Community Membership

Company / Organisation: \_\_\_\_\_

Admin Contact

Library contact

Mr Mrs Miss Ms Other: \_\_\_\_\_

Mr Mrs Miss Ms Other: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

I/we, named above, hereby apply for Individual Membership / Family Membership / Community Library Membership (please circle as appropriate) of Braille House (QBWA) and agree to comply with rules and constitution of this Association.

Annual membership due 1st January in each year:

Individual Membership: \$25.00 \$ \_\_\_\_\_

Family Membership: \$40.00 \$ \_\_\_\_\_

Community Library Membership: \$100.00 \$ \_\_\_\_\_

Yes, I would like to make a donation to Braille House 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 Honorable Paul de Jersey AC Governor of Queensland

ABN:93 456 085 512

T: 07 3848 5257 • E: [admin@qbwa.org.au](mailto:admin@qbwa.org.au)

Braille House, 507 Ipswich Road • PO Box 610 • Annerley Queensland 4103

[www.braillehouse.org.au](http://www.braillehouse.org.au)