



Queensland Jewish Community Services Inc.

IA14624
PO Box 1202 Stafford City 4053

ABN: 81312848643
Phone: 0423 194 737

MEMBERSHIP APPLICATION

Name: _____

Address: _____

Suburb _____ Postcode _____

PH: _____ Date / /20

Membership:

\$40.00 per Family

\$15.00 Concession

\$20.00 per Person

\$50.00 per Organisation

Plus Tax Deductible Donation \$ _____

Payment Options:

Please Circle

Cheque / Money Order / Credit Card (Visa, M/C B/C)

Card Number _____ Exp _____

Name as on Card _____ Signature _____

To contribute with on an ongoing \$10 monthly donation please tick here and we will contact you:

Please post application and payment details to:

Queensland Jewish Community Services Inc.
PO Box 1202
Stafford City Qld 4053