Membership application 2011-2012

Yes! I would like to apply for membership of the
Leukaemia Foundation of Queensland (LFQ)

Leukaemia Foundation
VISION TO CURE
MISSION TO CARE

I/We are applying to (please tick): ☐ renew my/our membership

☐ join LFQ as a new member/s

Member 1 (please print your details clearly)

Title:_____ **Given name/s:**_____ **Surname:**_____

Member 2

Title:_____ **Given name/s:**_____ **Surname:**_____

Address:_____

Postcode:_____ **Email address:**_____

Home phone:_____ **Work phone:**_____

Mobile:_____ **Fax number:**_____

Nominated by:_____

☐ I/we understand the membership fee is **$5 per person** for the year 2011/2012 with payment due by Tuesday, 31 May 2011 or thereafter. $_____

In addition to my/our membership fee I/we wish to make a tax deductible donation of: $_____

TOTAL: **$_____**

PLEASE TICK ONE:

☐ I/we have paid cash to our local branch for the above membership renewal/donation.

☐ My/our cheque made payable to the **Leukaemia Foundation of Queensland** for the above amount is enclosed.

☐ Please charge my credit card to the amount of $_____

❒ Visa ❒ M/card ❒ Diners ❒ Amex

Card holder's name: _____

Card number: _ _ _ _ /_ _ _ _ /_ _ _ _ /_ _ _ _ Expiry date: _ _ / _ _

PLEASE SIGN AND DATE:

Member 1:_____ Date: _____

Member 2:_____ Date: _____

Are you intending on attending branch meetings?
☐ Yes ☐ No (please tick)

Will you volunteer for the Leukaemia Foundation in 2011-12?
☐ Yes ☐ No (please tick)

Please return to: **Leukaemia Foundation of Queensland**
PO Box 9954, Brisbane, QLD 4001

Office use only

Donor/Pros #

_____

❒ **Updated on MIS**

Date:_____

Initials:_____

❒ **Updated on TM**

Date:_____

Initials:_____