



YES! I would like to enrol for membership of the Leukaemia Foundation of Queensland (LFQ)

I/WE ARE APPLYING TO: (PLEASE TICK) renew my/our membership
 join LFQ as a new member/s

Member 1 _____
TITLE GIVEN NAME/S SURNAME
(PLEASE PRINT)

and

Member 2 _____
TITLE GIVEN NAME/S SURNAME
(PLEASE PRINT)

Address: _____
Postcode: _____

Contact numbers home: _____ work: _____
mobile: _____ fax: _____

Email address: _____

Nominated by: _____

I/we understand the membership fee is \$5.00 per person for the year 2010/2011 \$ _____ : _____
with payment due by 31 May 2010.

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

TOTAL \$ _____ : _____

PLEASE TICK ONE:

My/our cheque, made payable to the **Leukaemia Foundation of Qld**
for the above amount is enclosed, or

Please charge my credit card to the amount of \$ _____ : _____

Visa M/card Diners Amex

Card number ____ / ____ / ____ / ____ Expiry date __ / __

PLEASE SIGN & DATE:

Member 1: _____ Date: _____

Member 2: _____ Date: _____

Office use only

Donor/Pros #: _____

Updated on MIS

Date: _____

Initials _____

Updated on TM

Date: _____

Initials _____

A QUICK QUESTION:

Would you be interested in volunteering

for the Leukaemia Foundation in 2010/2011?

Yes No

PLEASE RETURN TO:

Leukaemia Foundation of Qld
GPO Box 9954
BRISBANE QLD 4001

Membership Application 2010-2011