



GLITF Qld Inc.
Membership Form

Australian Partner:

Family Name.....
Other Name.....

Date of Birth Phone

Address: Street.....
Suburb..... Post code.....
E-mail (Please Print).....
Any restriction on contact?

Overseas Born Partner:

Family Name.....
Other Name.....

Date of Birth Phone

Address: Street.....
Suburb..... Post code.....
E-mail (Please Print).....
Any restriction on contact?

New Member		
Couple	\$150.00	<input type="checkbox"/>
Single	\$100.00	<input type="checkbox"/>

Please find enclosed membership/renewal fee \$.....
(Please send a cheque or money order)

OR Bank transfer to CBA, Darra – BSB 064 160 Acc. #10035935 and advise of transfer payment.

Signatures.....
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Post to:
GLITF Qld (Inc.)
P.O. Box 378
Paddington.
Queensland. 4064