



Financial Membership Application Form

If you would like to become a financial member of the Fellowship and automatically receive our bi-monthly newsletter and information about our upcoming events, please provide your details below.

Please indicate the type of membership application (please circle):

Membership Renewal

New Membership

Change of Address

Contact Details:

Mr/Mrs/Ms/Miss/Dr Address:

..... Postcode:

Phone Number : Mobile Number :

Email Address:

Annual Membership Fees (please circle)

Pensioner \$5.50

Individual \$11.00

Family \$16.50

Corporate \$27.50

Please note that an additional \$10.00 for postage will be charged for individuals residing overseas.

Membership payment by:

Cheque / Money Order / Visa / Master card (please circle)

Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____

Card Holder's Name: Signature:

Please phone the Fellowship on (07) 3358 4424 to pay by direct deposit or over the phone. Please make any cheques out to: Mental Illness Fellowship of Queensland.

The Fellowship would like to thank you for becoming a financial member. A receipt for the full amount of your payment will be sent to you shortly.

Mail to: 95 Arthur Street, Fortitude Valley Q 4006

OFFICE USE ONLY:

Date Received:

Date Processed:

Payment Authorisation Number:.....

Membership Number:

Receipt Number:

Date of confirmation posted: