



# JOIN THE OSQ Inc

OR

# RENEW MEMBERSHIP

*Please forward with the appropriate payment to **The Treasurer,  
Mrs Jenny Summerson, PO Box 6132, Fairfield Gardens, Q 4103.***

**Title:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Contact Details**

1. Address: \_\_\_\_\_ Postcode: \_\_\_\_\_
2. Phone number including area code: (\_\_\_\_) \_\_\_\_\_
3. Mobile: (if applicable) \_\_\_\_\_
4. Email (if applicable): \_\_\_\_\_

**Preferred Contact Method:**      1.       2.       3.       4.

**Type of Application.** (Please tick)

**New Membership:**

- I am interested in furthering the aims of the Organ Society of Queensland Inc. and hereby apply for membership in the category indicated below.

**Renewal of Membership:**

- I wish to renew my membership of the Organ Society of Queensland Inc. in the category indicated below.

**Membership Category**(Please tick)

- |                          |   |                |
|--------------------------|---|----------------|
| <input type="checkbox"/> | <b>Metropolitan</b> (within 1 hr drive of Brisbane) | <b>\$50.00</b> |
| <input type="checkbox"/> | <b>Institutional</b>                                | <b>\$60.00</b> |
| <input type="checkbox"/> | <b>Provincial/Interstate</b>                        | <b>\$40.00</b> |
| <input type="checkbox"/> | <b>Pensioner</b>                                    | <b>\$40.00</b> |
| <input type="checkbox"/> | <b>Full-time Student</b>                            | <b>\$35.00</b> |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for your support of the OSQ Inc.*