



The Queensland Manx Society Incorporated

Serving the Manx Community of Queensland continuously since 1914

APPLICATION FOR MEMBERSHIP

I/We hereby apply for **Ordinary/Associate Membership** ' of **QUEENSLAND MANX SOCIETY INCORPORATED** and ATTACH my/our Subscription for the Financial Year. **

APPLICANT/S TO COMPLETE:

Name/s: _____ Occupation: _____

Address: _____ Manx Connection: _____

_____ Post Code _____

Telephone: _____ email: _____

Signature: _____ Date: _____

NOMINATED BY: _____ **Date:** _____

[Signature]: _____ **Date:** _____

SECONDED BY: _____ **Date:** _____

[Signature]: _____

APPROVED/NOT APPROVED:

Committee Meeting Date: _____ **Date:** _____

SECRETARY: (Signature): _____

ORDINARY MEMBERSHIP
ASSOCIATE MEMBERSHIP

Open to: Individuals born on Isle of Man, their spouses, relatives, and their Descendants.
May be granted to a person who has been introduced by a financial member

Annual Subscription: 1st June – 31st May Single Membership \$15.00 [Paid] **Receipt No.** _____

Family \$20.00 [Paid] **Receipt No.** _____

Please Forward to:-

**The Secretary,
Queensland Manx Society Incorporated
c/o Trevor Shimmin,
38 College Rd., Clontarf, Qld. 4019
Phone 3284 0475**