



Queensland Manx Society Inc

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

APPLICANTS TO COMPLETE:

Name (Primary Applicant): _____

Name (Secondary Applicant): _____

Name/s additional applicants (first name only): _____

Address: _____

Post Code: _____

State: _____

Home Telephone: _____

Email: _____

Mobile: (primary applicant) _____

(secondary applicant) _____

Manx connection: _____

Ordinary membership: Open to individuals born on the Isle of Man, their spouses, relatives and descendants.

Associate membership: Open to individuals introduced by a financial member

Annual subscription: 1st June – 31st May

(select one)

Single membership

\$15.00

Family membership

\$20.00

(committee representative to complete)

Paid

Receipt no. _____

Paid

Receipt no. _____

PLEASE FORWARD TO:

Queensland Manx Society

C/- Mr Max CAIN

PO Box 54

SCARBOROUGH Q 4020

Australia

(committee representative to complete)

Nominated by: _____

Signature: _____

Date: _____

Seconded by: _____

Signature: _____

Date: _____

Approved / Not Approved

Committee meeting date: _____

Secretary signature: _____

Date: _____