



# Lifelong Learning Council Queensland

ABN 88 582 078 499

## MEMBERSHIP APPLICATION / TAX INVOICE

Family Name: ..... Preferred first name:.....

Form of Address: Mr  Mrs  Ms  Prof

Organisation: .....

.....

Position: .....

Postal Address: .....

Suburb / Town: .....Postcode.....

Telephone: .....

Mob: .....

Email: .....

I/we apply to become a member (please tick):

Individual \$30.00 (incl GST)

Organisational \$33.00 (incl GST)

Please send me a receipt (please tick)  Yes /  No

Please note: Membership runs to 30<sup>th</sup> June each year.

**Signed:** .....**Date:** .....

**Mail to:** PO Box 713 Ashgrove West, Qld 4060

**Email to:** info@LLCQ.org