



**QUEENSLAND MARITIME MUSEUM ASSOCIATION
APPLICATION FORM
MEMBERSHIP / VOLUNTEER / BOTH
(Circle ONE only)**

<i>Office Use only</i>	
Received
Receipt
D/base
Elected
Notified

Return this form with membership payment to:
Membership Secretary, QMMA, PO Box 3098, South Brisbane Q 4101

SECTION 1 PLEASE USE BLOCK LETTERS

Last Name Title First Name(s)

Date of Birth Preferred Name

Street Address Partner Name

Suburb/City State P/Code

Home Phone Mobile Fax

Email

Occupation Employer

Work Phone Work Address

Next of Kin Relationship Contact

SECTION 2 Volunteer applicants skip this section and go to section 3

Membership Required: Ordinary \$30.00 Concession (over 65) \$23.00
 All prices are incl of GST Family \$40.00 Family/Concession \$30.00
 (1 member over 65)

Proposed by: Signature Print Name

Seconded by: Signature Print Name

Signature of Applicant Date

I agree that if I am elected to membership of the Queensland Maritime Museum Association, I will comply with the rules and By-Laws of the Company from time to time in force. I acknowledge that membership fees are payable annually on 30 September. If paid after 31 May in any year membership will remain current until 30 September the following year.

SECTION 3

Please state any special skills you may have which may help the QMMA

What aspects of the QMMA interest you most?

Are you able to give some time to the Museum? Yes / No Preferred hours _____

If Yes, please indicate your preferred working day/s

Tick the area/s you would like to work in

<input type="checkbox"/> Front Desk Attendant	<input type="checkbox"/> Forceful	<input type="checkbox"/> Office	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Museum Guide	<input type="checkbox"/> Diamantina	<input type="checkbox"/> Grounds	<input type="checkbox"/> Wooden workshop
<input type="checkbox"/> Cataloguing	Other: _____		

Ability to speak another language (please specify) _____

Health problems or disabilities _____

Car Number Plate