

APPLICATION FOR MEMBERSHIP

(Please email completed form to: director@nqwls.com.au)

Name:						
Address:						
elephone (Mobile	e):					
Telephone (Other):					
Email:						
Areas of interest:						
Do you have any scontribute to NQV	skills, experience (includ	ding life exper	rience) and/or kr	nowledg	e that you can	
on mode to requ						
	read (see following pa t (or confirmation if vi \$10.00 inclusive of GS	a direct depo	osit) of my annu			
	\$0.00 if unemployed o	0.00 if unemployed or current circumstances do not allow.				
	\$ (insert amo	unt) donation.	Donations over \$	\$2 are ta	x deductable.	
	Deposited \$ BSB: 633 000 Acc: 1		nount) to: NQ Wo	men's L	egal Service	
gnature:			Date	e:		
	ber, your application mus unable to do this, your ap cation/approval)					
ominated by:						
	(Member's name)	(Memb	per's signature)		(Date)	
econded by:						
	(Member's name)	(Memb	per's signature)			
					(Date)	
OWNSVILLE p	07 4772 5400 f 07	4772 5315	m PO Box 2209	, Towns	, ,	

nqwls.com.au ABN 44 064 470 487