



Queensland Association of Fire Investigators Inc.

I.A.A.I. Chapter No. 59

ABN. 77 330 409 047

GPO Box 1705

BRISBANE QLD 4001

Tel: 07 3229 6894 Fax: 07 3210 0237

E-Mail: QAFI@uttinglibke.com.au

MEMBERSHIP APPLICATION

I hereby make application for membership in the Queensland Association of Fire Investigators Inc. in accordance with its Constitution and By-laws, and agree to be bound therewith. I am enclosing with this application the Membership Fee** as set out below (Cheque or EFT Confirmation). I acknowledge that all memberships will be due for renewal on 1 January each year. (*N.B. The Constitution and By-Laws are available on request. **Fees are not taxable.) This form also acts as a tax invoice and a copy should be retained for your records.*

PERSONAL DETAILS:			
NAME IN FULL:			
DATE OF BIRTH:			
PLACE OF BIRTH:	CITY:	STATE:	
HOME ADDRESS:			
	CITY:	STATE:	P/C:
HOME PHONE NUMBER:	()		
EMPLOYMENT DETAILS:			
EMPLOYER:			
BUSINESS OF EMPLOYER:			
EMPLOYMENT ROLE:			
TIME IN THIS ROLE:			
BUSINESS ADDRESS:			
	CITY:	STATE:	P/C:
BUSINESS PHONE & FAX:	PHONE: ()	FAX: ()	
MOBILE NUMBER:			
E-MAIL ADDRESS:-			
ADDITIONAL INFORMATION:			
HAVE YOU EVER BEEN CONVICTED OF A CRIME:			
IF YES, PLEASE EXPLAIN FULLY IN SEPARATE DOCUMENT:			
MEMBERSHIP FEE:			
APPLICATION DATE:	1 Jan to 31 Dec	1 Jul to 31 Dec	Please Complete Amounts
QAFI MEMBERSHIP (INC GST):	77.00	38.50	
FIREPOINT SUBSCRIPTION (Optional) (INC GST):	22.00	11.00	
TOTAL (AUD) (INC GST):	99.00	49.50	\$
EFT PAYMENT DETAILS:			
Account Name:	Queensland Association of Fire Investigators Inc. Transfer Ref: (Your Name)		
BSB:	084 004	Account No.:	82657 8482 Bank: NAB: 308-322 Queen Street, Brisbane

APPLICANTS SIGNATURE: _____ **DATE:** _____