



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 35062741

E-Mail: admin@qafi.com.au

MEMBERSHIP APPLICATION INDIVIDUAL

I hereby make application for membership in the Queensland Association of Fire Investigators Inc. in accordance with its Rules, and agree to be bound therewith. I am enclosing with this application the Membership Fee as set out below (EFT Confirmation). I acknowledge that all memberships will be due for renewal on 1 January each year. (*N.B. Rules are available on request or at website: www.qafi.com.au).*

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:			STATE:
HOME ADDRESS:			
	CITY:	STATE :Qld	P/C:
PHONE NUMBER:	()		
EMPLOYMENT DETAILS:			
EMPLOYER:			
BUSINESS OF EMPLOYER:			
EMPLOYMENT ROLE:			
TIME IN THIS ROLE:			
BUSINESS ADDRESS:			
	CITY	STATE:	P/C:
BUSINESS PHONE	PHONE:		
MOBILE NUMBER:			
E-MAIL ADDRESS:			
ADDITIONAL INFORMATION:			
HAVE YOU EVER BEEN CONVICTED OF A CRIME:			
IF YES, PLEASE EXPLAIN FULLY IN SEPARATE DOCUMENT:			
INDIVIDUAL MEMBERSHIP FEE:			
	1 Jan to 31 Dec 2025	1 July 2025 to 31 Dec 2026	
QAFI MEMBERSHIP (INC GST):	\$120.00	\$180.00	
TOTAL (AUD) (INC GST):	\$120.00	\$180.00	
EFT PAYMENT DETAILS:			
Account Name: Queensland Association of Fire Investigators Inc. Transfer Ref: (Your Name)			
BSB: 084 004 Account No.: 826578482 Bank: NAB - Queen Street, Brisbane			

APPLICANTS SIGNATURE: _____ DATE: _____