

**TOOWOOMBA HISTORICAL SOCIETY
MEMBERSHIP APPLICATION**

Please complete this form and mail to:

The Secretary,
Toowoomba Historical Society,
P O Box 1171
Toowoomba 4350

Or hand in person at:

49 Lindsay St
Toowoomba 4350

I/We wish to apply for membership of the Toowoomba Historical Society Inc in one of the categories below:

- | | |
|--|--|
| <input type="checkbox"/> Ordinary Member | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Institution/Corporate | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other | |

INDIVIDUAL/FAMILY MEMBERSHIP

Dr/Mr/Mrs/Ms/Other _____

Family Name: _____

Given Name: _____

Partner's Name: _____

Other Family
Members: _____

Postal Address: _____

Telephone: _____ Email: _____

STUDENT MEMBER ONLY TO COMPLETE

Date of
Birth: _____

Educational
Institution: _____

INSTITUTIONAL/CORPORATE MEMBERSHIP

Name of
Organization: _____

Postal
Address _____

Telephone: _____ Email: _____

Position within Organization: _____

Signature: _____