

**Membership for Spiral is for twelve months and the cost of membership per year is \$10.00/person (inc. GST) due for renewal at the Annual General Meeting. Donations to Spiral are welcome and are tax deductible.**

**Please return this application form, along with your membership payment to: Spiral, PO Box 400, Nambour, QLD 4560.**

*Member 1:*

**Title:**  Mr  Mrs  Miss  Ms **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Postal Address:** **Unit/House/Lot No:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **P/Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Member 2:*

**Title:**  Mr  Mrs  Miss  Ms **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Postal Address:** **Unit/House/Lot No:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **P/Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Member 3:*

**Title:**  Mr  Mrs  Miss  Ms **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Postal Address:** **Unit/House/Lot No:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **P/Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Member 4:*

**Title:**  Mr  Mrs  Miss  Ms **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Postal Address:** **Unit/House/Lot No:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **P/Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_