## Tear off and send back by snail mail



PO Box 2410 Townsville Qld 4810 4724 4853

Phone:

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## MEMBERSHIP APPLICATION 2008/2009

NAME: [Working/Given] _		
EMAIL ADDRESS:		_
POSTAL ADDRESS:		_
CONTACT NUMBER:		_
SIGNATURE: ———	Date	
( ) Please tick if you would	like Newsletters sent to you at the abov	e address
MEMBERSHIP FEES:	\$5 individual	
Office Use: Date Processed: Receipt number:		

Without members you have <u>NO</u> organisation! <u>WITHOUT</u> an organisation— <u>YOU HAVE NO VOICE!</u>