

**APPLICATION FOR MEMBERSHIP
of
PREGNANCY HELP QUEENSLAND INC.
Lvl 2, 276 Edward Street, Brisbane 4000**

All applications are presented for approval to the Management Board of Pregnancy Help Qld. Inc. Upon notification of approval, your relevant membership subscription should be forwarded to the above address

I wish to apply for

- Ordinary Membership (\$10.00 p.a. or \$5.00 Concession Rate)**
- Donor-membership (a donation of \$25.00 or over p.a.)**
Donor - membership enables the subscription to be tax deductible

DR/MR/MRS/MISS _____ **NOMINATOR** _____

Print name

Current member – Print name

Address of Applicant _____

Signature of Applicant _____ **Signature of Nominator** _____

Membership of Pregnancy Help Qld. Inc. includes a copy of our Newsletter three times a year.

*We thank you for your support which enables us to sponsor services to support women and families distressed by
unplanned pregnancy or abortion*