Braille House
The world at your fingertips

Application for Membership

The personal information collected on this form will be used by Braille House for the purpose of processing your application and undertaking associated Braille House services. Your personal information will not be disclosed to any third party without your consent unless this is required or permitted by law.

Please complete this form if you would like to become an Individual Member or take out a Family Membership of Braille House.

Title: Mr Ms Mrs Miss Other _____
(Please circle)

First Name: _____ Surname: _____

Postal Address:

_____

_____

Email Address:

_____

Phone (M): _____ Phone (H): _____

I/we, named above, hereby apply for Individual Membership / Family Membership (please circle as applicable) of Braille House (Queensland Braille Writing Association) and agree to comply with the rules and constitution of the Association.

Annual Membership is due on 1st January in each year. *(Please tick preferred option below)*

☐ Individual Membership $25.00 $ _____

☐ Family Membership: $40.00 $ _____

☐ Yes, I would like to make a donation to Braille House of: $ _____

Total: $_____

☐ I agree to my name and address being recorded in a database and in the Annual Report.

☐ I am also interested in becoming a Braille House Library Borrower. (NB If you tick this box, we will reach out to you for relevant Borrower information, or you can complete the separate form required via this link https://braillehouse.staging.ddsn.net/library-red/join-the-library

Signature: _____ Date: _____

Please return your completed form to admin@qbwa.org.au

ABN:93 456 085 512

T: 07 3848 5257 • E: admin@qbwa.org.au

Braille House, 507 Ipswich Road • PO Box 610 • Annerley Queensland 4103

www.braillehouse.org.au

Patron: Her Excellency the Honourable Dr Jeannette Young AC PSM, Governor of Queensland