



FORT QUEENSCLIFF HERITAGE ASSOCIATION INC

APPLICATION TO BECOME A “FRIEND OF THE FORT”

It is with pleasure that we invite you to become a Friend of the Fort Queenscliff Heritage Association

Apart from knowing that you will be a member of a unique group – Fort Queenscliff is the only coastal fortress in Victoria – and knowing that you are sharing the care and responsibility for maintaining an integral part of Australia’s military history, you will be entitled to:

- A Complimentary Pass for your family to enjoy an entertaining tour of Fort Queenscliff;
- Free entry to the Fort;
- Regular “Friends of the Fort” newsletters;
- Invitation to attend the annual luncheon, following the Annual General Meeting of the Association;
- Invitation to attend the annual black tie dinner and
- An invitation to attend other members’ functions organised by the Committee.

To become a “Friend of the Fort”, simply complete the application below and forward it, together with your subscription to: **Fort Queenscliff Heritage Assn , King Street, Queenscliff VIC 3225**

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I / We wish to become financial members of Friends of the Fort (\$50 per Couple, \$30 Single). Please find enclosed Cheques/ Money Order for the Sum of \$_____being my/our annual subscription to the Fort Queenscliff Museum. **(Cheques to be made out to Fort Queenscliff Heritage Assn. Bendigo Bank BSB 633 000 Account Number 132018813** (Please ensure you include your name)

The Association is an Australian Tax Office accredited charity and any **donation** of \$2.00 or above made to the Association is tax deductible.

I would like to make a tax deductible donation to the Fort Queenscliff Heritage Assn of \$ _____
Please Print

Name..... Preferred name.....

Spouse..... Preferred name.....

Post nominal (if any).....

Address.....

.....Telephone No.....

Occupation/former Occupation (if retired)

Email Address

Signature.....

I,, a member of the Association,
(Name)
nominate the applicant, who is personally known to me, for membership of the Association.

.....
Signature of Proposer
Date.....

I,, a member of the Association,
(Name)
second the nomination of the applicant, who is personally known to me, for membership of the Association

.....
Signature of Seconder
Date

Office Use Receipt No..... Entered by Date.....