



FORT QUEENSCLIFF MUSEUM 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 Museum Association Inc.

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 Museum;
• Regular "Friends of the Fort" newsletters;
• Opportunities to attend the AGMs and other exclusive 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 Museum, King Street, Queenscliff VIC 3225

I / We wish to become financial members of Friends of the Fort (\$40 per Couple, \$25 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 payable to Fort Queenscliff Museum).

Or Payment may be made by Direct Credit to: BSB 633 000 A/C 132018813 Fort Queenscliff Museum (please ensure that you include your name where requested in the reference area)

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 Museum of \$ \_\_\_\_\_

Please Print

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

Partner ..... Preferred name.....

Post nominal (if any).....

Address.....

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

Occupation/former occupation (if retired) .....

Email address .....

Signature.....

I, ....., a member of the Association, (Name) propose 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 proposal 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.....