



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 heritage and military history, you will be entitled to:-

- A Complimentary Pass for you to enjoy tours of Fort Queenscliff (pay only for accompanying guests);
• Free entry to the Museum;
• "Friends of the Fort" newsletters;
• Invitation to & voting at the Annual General Meeting of the Association;
• Invitation to attend the annual Friends of the Fort Dinner, and
• An invitation to attend other member’s 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 Assoc., King Street, Queenscliff. VIC. 3225.

I / We wish to become financial member/s of Friends of the Fort (\$50 per Couple pa., \$30 Single pa.). Our year is a calendar year. Initial subscription should be pro-rata for remaining months in the year.

I/we will use EFT to pay my/our subscription to – BSB 633-000 Account no. 132018813. Please include name/subscription as reference, or confirm by phone.

or, Please find enclosed Cheque/ Money Order for the Sum of \$_____being my/our annual subscription to the Fort Queenscliff Heritage Assoc.. (Cheques to be made out to Fort Queenscliff Heritage Assoc.).

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 Assoc. of \$ _____

Please Print details below

Surname..... Given name.....

Partner Surname..... Given name.....

Post Nominal/title (if any).....

Address.....

.....Postcode

Occupation/former Occupation (if retired)

Signature..... Email Address

Telephone No..... Mobile no.

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

New member recommended by Seconded by