

# **Application Form for Membership of the Medical Benevolent Association of Queensland Company Limited by Guarantee**

I wish to apply to become a Member of the Medical Benevolent Association of Queensland.

*Please select ( by circling ) the category of membership:*

Annual Membership

Life Membership

In the event that the company is wound up, I understand that the Limit of Liability is \$100-00 per member.

Signed : .....

Dated : ...../...../.....

*Please complete the details below in block letters. It is an ASIC requirement that all sections be completed.*

Family name : .....

Given names : .....

Street number and Street name :  
.....

Suburb / City : .....

State : .....

Postcode : .....