



QPASTT

Queensland program of assistance
to survivors of torture and trauma

QPASTT Membership Form

Individual/Organisation

Individuals:

First name: Surname:

Organisation:

Name of Organisation:

Name of contact person: Position:

Postal Address: Postcode:

Email:

Phone (Business): (Mobile):

Ethnic group: Language/s spoken:

Please indicate if you are employed in, or if you would be able to assist QPASTT with specialist knowledge/experience in, any of the following fields:

<input type="checkbox"/>	Community Member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Migrant/Refugee Services	<input type="checkbox"/>	Accounting/Finance
<input type="checkbox"/>	Medical Practitioner	<input type="checkbox"/>	Health/Mental Health
<input type="checkbox"/>	Community Health Worker	<input type="checkbox"/>	Employment
<input type="checkbox"/>	Government Policy/Legislation	<input type="checkbox"/>	Industrial Relations
<input type="checkbox"/>	Complementary health therapies	<input type="checkbox"/>	Computing/Library Service
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Accounting/Finance
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Health/Social Welfare Professional
<input type="checkbox"/>	Marketing/Advertising/Community	<input type="checkbox"/>	Other (please state)
<input type="checkbox"/>	Administration	<input type="checkbox"/>	

I/We agree with and support the objectives and activities of QPASTT:

Signature: Date:

Nominated by (financial member):

Seconded by (financial member):

Membership Classification (All prices include GST)

<input type="checkbox"/>	Individual - \$16.50 Employed
<input type="checkbox"/>	Individual - \$05.50 Unemployed
<input type="checkbox"/>	Organisation - \$38.50

Date and receipt no:

QPASTT Main Office

ABN: 50043097082

Address: 28 Dibley Street, Woolloongabba Qld 4102

Postal Address: PO Box 6254, Fairfield, Qld 4103

T: +61 (0)7 3391 6677 F: +61 (0)7 3391 6388 E: admin@qpastt.org.au