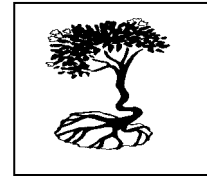


QPASTT

Qld Program of Assistance to Survivors of Torture and Trauma Inc



Membership Form

Individuals:

First name: _____ Surname: _____

Organisation:

Name of Organisation: _____

Name of contact person: _____ Position: _____

Postal Address: _____

Postcode: _____

Phone (work): _____ (home): _____

Ethnic group: _____ Language 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"/>	Accounting/Finance	<input type="checkbox"/>	Education
<input type="checkbox"/>	Medical Practitioner	<input type="checkbox"/>	Nursing/Nurse Education
<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"/>	Refugee Issues
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Social Worker/Counsellor
<input type="checkbox"/>	Marketing/Advertising/Community	<input type="checkbox"/>	Other

Please state: _____

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: _____
(for office use only)

*** Note: Please complete the back of this form for payment options**

Postal Address: PO Box 6254, Fairfield, QLD 4103

Phone: (07) 3391 6677 Fax: (07) 3391 6388

QPASTT Patron – Professor Beverly Raphael

QPASTT is the Queensland representative of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT)