

DIAMANTINA HEALTH CARE MUSEUM ASSOCIATION INC.

Membership Application Form

Complete and return to:

Leo Scott

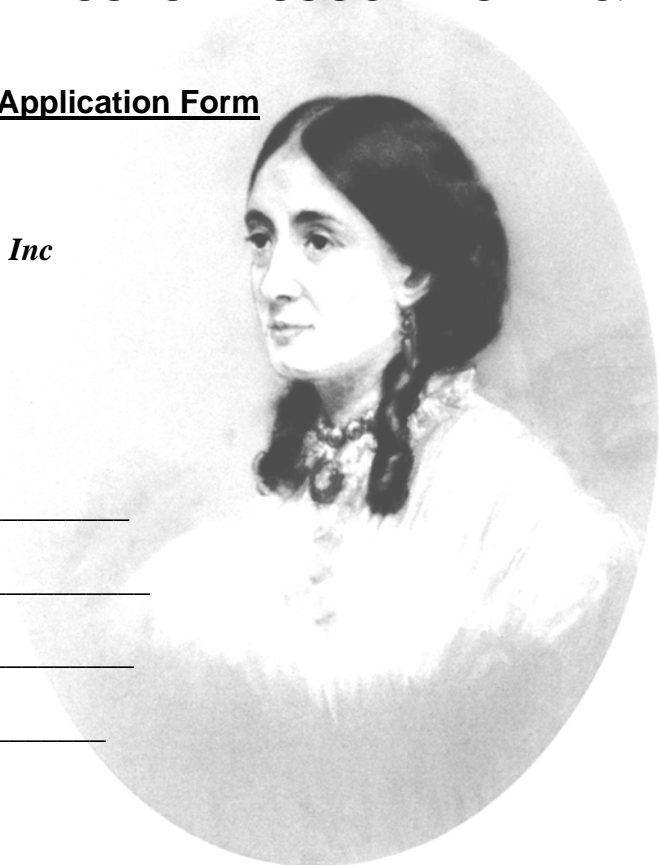
Treasurer

Diamantina HealthCare Museum Association Inc

5 Kaldo Grove

Ferny Hills QLD 4055

(07) 3351 2801



Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I wish to apply for Ordinary Membership of the Diamantina Health Care Museum Association Inc.

I enclose my subscription of \$10.00 for one year

or \$ _____ being my subscription for _____ year/s

Please find donation (optional) for \$ _____

I have photographs, objects, papers that may be of interest to the Museum.

Signature _____

Date: _____