



Application Form for membership to the Australian Pensioners' and Superannuants' League (QLD) Inc.

PO BOX 5141, West End QLD 4101

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Membership:

Name: _____

Address: _____

Suburb: _____

Postcode: _____

Phone: _____

Mobile: _____

Email: _____

Year of Birth: _____

Status: (this information helps us identify segments in our membership)

Pensioner Part Pension

Self Funded Retiree Other: _____

Branch Joining (if applicable): _____

Date: _____

I would like to subscribe to the APSL journal, 'The Comet'.

Hard Copy - \$24/ 10 issues per year*

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*An invoice will be sent upon receipt of the application