New member application form

QUEENSLAND RETIRED TEACHERS' ASSOCIATION

Title	❑ Mrs ❑ Miss ❑ Ms ❑ Mr ❑ Dr	
Name		
Address		**Postcode:**
Email		
Phone		
Qualifications		**Last employed as:**
Where last employed		**Date retired: / /**
Interests	Cultural	Sports
	Community	Hobbies
	Other	
Do you tutor?	❑ No ❑ Yes - Subject(s) & level:	
Amount included	$ *(Please make cheque payable to QRTA)*	

Please send this form and your cheque to:

Bob Bell
QRTA Membership Secretary
Address: 7 Murna St, Jindalee Qld 4074
Email: btrebor7@hotmail.com
Phone: 0412 083 913