



**Job's Daughters International  
Queensland Jurisdictional Guardian Council**

**Personal Information**

This form is to be completed by all members (Adults and Daughters).

Family Name:	
Other Names:	
Bethel Number:	Bethel Name:
Residential Address:	
Postal Address (if different):	
Telephone Numbers:	Home:  Work:  Mobile:
Email Address(es):	
Date of Birth:	Date:            Month:            Year:
Positive Notice "Blue Card" (if over 18 years of age):	Number:
	Expiry Date:
Do you hold a current First Aid Certificate:	YES            NO
If Yes, please complete the following details:	Organisation:
	Certificate Level:
	Certificate Number:
	Expiry Date