

# MEMBERSHIP RENEWAL & DATA UPDATE FORM

I/We being financial member/s of the Mudgeeraba Show Society Inc, and by signing below and payment of Membership Fees, I/we agree to continue to be bound by the Society's Rules, By-Laws and Constitution for the term of our Membership.

**Single Member's Full Name:** \_\_\_\_\_

**Family Member - Family Name:** \_\_\_\_\_

**Adult or Carer's First Name/s:** \_\_\_\_\_ ; and: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred contact, please circle: \_\_\_\_\_ Email \_\_\_\_\_ Postal

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note: Once a child reaches 17 years they will need to apply to become a single member.**

**Annual Membership Fees are due for Payment following the Society's AGM in October.**

**BSB: 633-108 - Acct No: 1425 34247 - Acct Name: Mudgeeraba Show Society**

**Please list your last name as reference when paying by EFT.**

Annual Membership Subscription Fees, please circle: \_\_\_\_\_ \$45 Family \_\_\_\_\_ \$25 Single

Office Use:

Date Paid	Eftpos	Cash/Cheque, Receipt No:	Bank Transfer
Badge sent:		Date entered on Members list:	

**Contact Details: The Secretary/Manager, Mudgeeraba Show Society Inc**  
 Business Telephone: 0755 302754 Mobile: 0418 182 533  
 Email Address: [admin@mudgeerabashow.org.au](mailto:admin@mudgeerabashow.org.au)  
 All Correspondence to: PO Box 150 Mudgeeraba, Qld. 4213

