

NEW MEMBERSHIP - APPLICATION FORM

I/We have been made aware of the responsibilities and obligations of being a financial member of the Mudgeeraba Show Society Inc, and by signing below I/we agree to be bound by the Society's Rules, By-Laws and Constitution for the term of our Membership.

Single Applicant's Full Name: _____

Family Applicant - 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: _____

Signature: _____ **Date:** _____

Membership Nominated by: _____ Signature: _____

Membership Seconded by: _____ Signature: _____

Annual Membership fees, please circle: _____ \$45.00 Family _____ \$25.00 Single _____

Joining fee: \$2.00, Total: \$ _____

Office Use:

Date Paid:	Eftpos	Cash/Cheque, Receipt No	Bank Transfer
Passes 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: info.mudgeerabashow@gmail.com
All Correspondence to: PO Box 150 Mudgeeraba, Qld. 4213
EFT Payment Preferred – BSB: 124 001 Acct No: 22300491 Ref: Your Name

