

## 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: \_\_\_\_\_

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

**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
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

EFT Payment Preferred – BSB: 633 108 Acct No: 1425 34247 Ref: Your Name

