



ABN: 61547057370

MEMBER APPLICATION

NAME: _____

ADDRESS: _____

EMAIL: _____

MOBILE NUMBER: _____ HOME PHONE: _____

MEMBER TYPE BELOW: PLACE X IN BOX

MEMBER TYPE	FULL FEE (1 July — 30 June)	HALF YEARLY FEE (1 January — 30 June)
General Members	\$30-00 <input type="checkbox"/>	\$15-00 <input type="checkbox"/>
Concession Members	\$20-00 <input type="checkbox"/>	\$10-00 <input type="checkbox"/>
Student Members	\$20-00 <input type="checkbox"/>	\$10-00 <input type="checkbox"/>
Associate Members (under 16 years)	\$20-00 <input type="checkbox"/>	\$10-00 <input type="checkbox"/>

PAYMENT METHODS: (Member Applications not considered until payment received).

DIRECT: BANK: Bendigo BSB: 633-000 ACCOUNT NO.: 161333497

REFERENCE: YOUR NAME: DATE PAID _____

CHEQUE: Made payable to Horsham Camera Club Inc - Posted or handed

to Treasurer at monthly meeting (No Cash preferred).

1. I agree to support the purposes of the Association and to comply with the rules.
2. I acknowledge my Membership is subject to a current Working With Children Check. If I become an Office Bearer I acknowledge my appointment is subject to a Police Check.
3. I acknowledge my Membership is due for renewal on July 1st annually.

SIGNED: _____ DATE: _____

Please return your completed form by: Post, Email, or hand to Secretary at monthly meeting.