



## Membership Application Form

### Type of membership

### Quantity

FAMILY (2 adults & 3 children) \$25.00

SINGLE (Adult) \$10.00

CHILD (Under 16) \$5.00

Please note this form is also available to submit online at [samfordshowsociety.com.au](http://samfordshowsociety.com.au)

### Details of membership (please list all members including children)

First name

Last name

Date of birth

1.




2.




3.




4.




5.




6.




### Contact details

Email address

Address

Contact number

Mobile number

### Payment options (please tick box)

Bank Deposit

BSB: 633 108

Account #: 138 757 133

Description: Your name

Post

Enclose membership fee along with your completed form and return to the address below. Do not send cash.

Please return your completed form to:

The Treasurer  
PO Box 242  
Samford Qld 4520

### SAMFORD SHOW SOCIETY USE ONLY

Date received:

Nominated by:

Renewal / update:

Seconded by:

Card & receipt sent:

Passed:

Yes

No