

Sarina Show Society Inc.

PO Box 119

Sarina Qld 4737

Ph: (07) 49561066

Email: sarina.showsoc@bigpond.com



PRIVACY STATEMENT: The information provided by each member is used by the Society to administer and provide members benefits. Your information will not be disclosed without your permission unless required by law.

MR MRS MS MISS MASTER (please circle)	SURNAME:	FIRST NAME:	
RESIDENTIAL ADDRESS:		TOWN:	
		STATE:	POST CODE:
POSTAL ADDRESS:		TOWN:	
		STATE:	POSTCODE:
MOBILE:			
EMAIL:		DATE OF BIRTH (Used for statistical purposes)	

PLEASE TICK WHERE APPLICABLE

Please complete a separate form for each person applying for membership

YEARLY FAMILY MEMBERSHIP – 2 adults & all children 15 years & under	\$50.00	ANY AGE (Adult & Junior)
YEARLY SINGLE MEMBERSHIP – 1 adult	\$ 25.00	ANY AGE (Adult)
PAID LIFE MEMBERSHIP – 1 Adult	\$100.00	16 Years and Older
PAID JUNIOR LIFE MEMBERSHIP – 1 child	\$ 20.00	15 Years and Younger

INSURANCE DECLARATION:

The Sarina Show Society Inc. carries public liability insurance in the amount of \$20,000,000

<input checked="" type="checkbox"/>	PAYMENT DETAILS		
	CHEQUE/MONEY ORDER/CASH Please notes: Cheques and money orders must be made payable to Sarina Show Society Inc. AMOUNT:		
	CREDIT CARD: Please note: Sarina Show Society does not accept Diners or American Express AMOUNT: \$ NUMBER _____ Expiry Date: CCV:		
	DIRECT DEPOSIT – BANK DETAILS – BENDIGO BANK ACCOUNT NAME: Sarina Show Society Inc. BSB: 633-000 ACCOUNT NUMBER: 146 042 494 Please note: Put your name and "Membership" as the reference		
MEMBER SIGNATURE		DATE:	

OFFICE USE ONLY		MEMBERSHIP NUMBER:		
MEMBERSHIP STATUS (CIRCLE)	YEARLY FAMILY	YEARLY SINGLE	PAID LIFE MEMBERSHIP	PAID JUNIOR LIFE MEMBERSHIP
PAYMENT RECEIVED	\$		Date:	
CHEQUE/MONEY ORDER	Number:		Bank:	
DIRECT DEPOSIT			Date Received:	

Membership accepted at

(meeting date)

Proposer: (Name)

(Signature)

Seconder: (Name)

(Signature)