The Secretary

**Office Use:** Rcpt.: ………………….. Date: …... /…... /…....

Tickets / Schedule Sent: …….. /……... /…......

Quirindi Show Society Inc.

P.O. Box 15 QUIRINDI 2343

I hereby apply for Membership of the Quirindi Show Society Inc. for the financial year ending **12th March 2024** and agree to be bound by the Rules of the Society.

|  |  |  |
| --- | --- | --- |
| **MEMBER OR NOMINEE** | Given Names | Surname |
| Mr**,** Mrs, Miss, Ms | .............................................................. | ………….........................………………………………. |

**ADDITIONAL NAME/S FOR COUPLE AND FAMILY MEMBERSHIP.**

Mr, Mrs, Miss, Ms .............................................................. ………….........................……………………………….

Mr, Mrs, Miss, Ms .............................................................. ………….........................……………………………….

Mr, Mrs, Miss, Ms .............................................................. ………….........................……………………………….

**Mailing Address:** .....................................................................................................................…….…………………...............................

......................................................................…………………………........................................................................................................

**Postcode:** ....................... **Phone:** ....................................................... **Email**.........................................................................

**Dated: / /2023 Signed:** ....................................................................

 I enclose payment/direct debit for:

Single Membership

□

Couple Membership (2 Adults)

□

□

Family Membership (2 Adults + Children)

$15 $......................

$25 $......................

$30 $......................

Junior Membership (5-17yrs) $5 $......................

□

Total Enclosed: $......................

 □ I would like to receive monthly meeting minutes from February to October.

I would like to receive the schedule.

□

(*Please ensure that you complete your postal & email details above*.)

Please make cheques payable to the QUIRINDI SHOW SOCIETY and mail cheque ***with this completed form*** to PO Box 15 QUIRINDI NSW 2343

Alternatively direct deposit to:

Regional Australia Bank BSB 932 000

Account 689 867

**NB Please reference your last name and the word “M/Ship” when direct depositing *and return this completed form* by either post or email to** **quirindishow@gmail.com** **to ensure that your membership is processed efficiently and successfully.**

**\***Firms or Companies must specify a person as their Nominee to represent them.