

## CAMPBELLTOWN STEAM AND MACHINERY MUSEUM



Operated by the:-

NEW SOUTH WALES STEAM PRESERVATION CO-OP SOCIETY LIMITED All correspondence: PO BOX 905, CAMPBELLTOWN, NSW 2560 or csmm.info@gmail.com

## MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE BOTH SIDES OF FORM

	rship of the NSW Steam Preservation Co-op Society Limited.  roved. I hereby agree to abide by the rules, bylaws and regulations of the S	Society and to
criptions, insurance p n intending member ual Report are availd	premiums, storage fees, lease fees, and any other charges as determined by the I understand that copies of the rules, all special resolutions affecting member. I under the Registered Office (located at the Campbell/own Steam and Machinember or intending member.	e Board when ship and the l
SUBSCRIPTIONS	COMMENTS	\$
Choose one of the	Please contact us to discuss your application	
following		the amount
Ordinary Member \$45.00	All members other than pensioners, students, junior or family members.	
Pensioner member \$25.00	Pensioners must have permanently ceased full-time employment due to health reasons or having reached retirement age.	
Student member \$25.00	Students aged between 16 and 18 years old and must be undertaking full-time study at a tertiary educational institution.	
Junior Member \$15	A student at primary or secondary school (under 16 years old) or a child under school age. Insurance is covered in this membership fee. No shares are allotted to a Junior Member.	
Family member \$65.00	To be considered as a family (for the purpose of this application) all members of the family must be immediately related.	
SHARES	Upon joining, each member as set out above must have allotted, and subscribe to, three (3) fully paid shares at \$1.00 par value per share.	3.00
INSURANCE	All members, irrespective of the type of membership (except Junior membership), are liable to pay an annual insurance premium currently \$40.00.	40.00
	TOTAL AMOUNT TO BE PAID	\$
633 000 Account	ship: Direct Deposit at the Bendigo Bank Number 164873754 me as a deposit reference comment.	

Date:

Signed: .....

## PERSONAL DETAILS

Preferred first name (eg Bill ins	stead of William)	Date of Birth	
Address		1	
Suburb		State	Post Code
Telephone Home		Telephone Mobile	
Email address			
Would you like to receive society	email updates for show	vs, events and working bees	Yes I No
Would you like to receive the soc			Yes / No
Primary skill (ie employment):		Secondary skill	
Please supply details of relevant	Qualific certificates held (eg I		e, welding certificate)
	C4°C°4	License Type	Number
	Certificate/	Electise Type	
1	Certificate/	Electric Type	
1 2	Certificate/	zicemse Type	
	Certificate/	zicemse Type	
2	Certificate	zicemse Type	
2 3	Main In	nterests	hine(s) that you own (if a
2 3 4	Main In	nterests	hine(s) that you own (if a
2 3 4	Main In	nterests	hine(s) that you own (if a
2 3 4	Main In interest(s). Include	nterests	hine(s) that you own (if a
2 3 4	Main In interest(s). Include	aterests an indication of the mac	hine(s) that you own (if a
2 3 4 use provide details of your mai	Main In interest(s). Include	an indication of the mac	