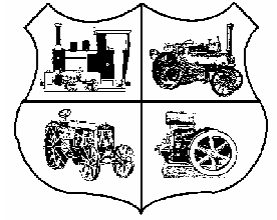




CAMPBELLTOWN STEAM AND MACHINERY MUSEUM



Operated by the:-
NEW SOUTH WALES STEAM PRESERVATION CO-OP SOCIETY LIMITED
All correspondence: PO BOX 905, CAMPBELLTOWN, NSW 2560

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE BOTH SIDES OF FORM

I Mr/Mrs/Miss/Ms/Dr
 (Delete as applicable) (Full name of applicant)

hereby apply for membership of the NSW Steam Preservation Co-op Society Limited.

If this application is approved, I hereby agree to abide by the rules, bylaws and regulations of the Society and to pay subscriptions, insurance premiums, storage fees, lease fees, and any other charges as determined by the Board when due. As an intending member I understand that copies of the rules, all special resolutions affecting membership and the latest Annual Report are available in the Registered Office (located at the Campbelltown Steam and Machinery Museum) and may be perused by any member or intending member.

SUBSCRIPTIONS <i>Choose one of the following</i>	COMMENTS Please phone the membership coordinator (Andrew) on 0414 692 867 to discuss costs before payment.	\$ <i>Enter the amount</i>
Ordinary member \$40.00	All members other than pensioners, students, or family members.	
Pensioner member \$20.00	Pensioners must have permanently ceased full-time employment due to health reasons or having reached retirement age.	
Student member \$20.00	Students must be undertaking full-time study at a primary, secondary, or tertiary educational institution.	
Family member \$60.00	To be considered as a family (for the purpose of this application) all members of the family must be immediately related and reside at the same address.	
SHARES	Upon joining, each member must have allotted, and subscribe to, a minimum of three (3) fully paid shares at \$1.00 par value per share. Additional shares required (up to a maximum number of 10,000 may be held).	3.00
INSURANCE	All members, irrespective of the type of membership, are liable to pay an annual insurance premium of \$35.00.	35.00
	TOTAL AMOUNT TO BE PAID	\$

I enclose a cheque/money order/cash for \$ _____, being full payment for the first year of membership.
 or
 Direct Deposits at the Bendigo bank BSB 633 000 Account Number 164873754
 Please use your Full Name as a deposit reference comment

Signed:

Date:

PERSONAL DETAILS

Preferred first name (eg Bill instead of William)	Date of Birth
Address	
Suburb	State Post Code
Telephone Home	Telephone Mobile
Email address	
Would you like to receive society email updates for shows, events and working bees Yes / No	
Would you like to receive the society newsletter in colour and email form Yes / No	
Primary skill (ie employment):	Secondary skill:

Qualifications

Please supply details of relevant certificates held (eg Boiler Attendant certificate)

		Certificate/License Type	Number
1			
2			
3			
4			

Main Interests

Please provide details of your main interest(s). Include an indication of the machine(s) that you own (if any)

OFFICIAL USE ONLY

Application approval meeting		Type of membership	
Number of shares allotted		Membership card number issued	
Amount received		Entered in database	