

Sarina Show Society Inc.
 PO Box 119
 SARINA QLD 4737
 Ph: (07) 4956 1066
 Fax: (07) 4956 2036
 Email: sarina.showsoc@bigpond.com.au



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

(PLEASE PRINT)

MR MRS MS MISS MASTER (please circle)	SURNAME:	FIRST NAME:
RESIDENTIAL ADDRESS:	TOWN:	STATE: POSTCODE:
POSTAL ADDRESS:	TOWN:	STATE: POSTCODE:
DAYTIME PHONE NUMBER	MOBILE:	
EMAIL ADDRESS:		DATE OF BIRTH:

<input checked="" type="checkbox"/>	PLEASE TICK WHERE APPLICABLE – separate form to be used for each family member		
	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 & Junior)
	LIFE MEMBERSHIP – 1 Adult	\$100.00	16 Years and Above
	JUNIOR LIFE MEMBERSHIP – 1 Child (Must have parent or guardian as full financial Life Member)	\$ 20.00	15 Years and Under

<input checked="" type="checkbox"/>	PAYMENT DETAILS		
	CHEQUE/MONEY ORDER/CASH Please Note: Cheques & Money orders payable to the 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: 633-108 ACCOUNT NUMBER: 146042494 Please Note: Put your name and Membership in deposit details		

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