



MEMBERSHIP APPLICATION

I hereby apply for membership in the category of membership set out below (mark appropriate box)

<input type="checkbox"/> Adult	\$20	<input type="checkbox"/> Senior/Concession	\$15	<input type="checkbox"/> Junior (Under 18)	\$15
<input type="checkbox"/> Students	\$15	<input type="checkbox"/> Friends	\$15	<input type="checkbox"/> Family	\$30
<input type="checkbox"/> Local Business	\$100	<input type="checkbox"/> Corporate	\$250	<input type="checkbox"/> Club Affiliate	\$100
(Family Membership: 2 adults and 2 children)				<input type="checkbox"/> Donation	\$ _____

PERSONAL DETAILS:

Mr. Mrs. Miss. Ms.

First Name: _____ Last Name: _____

Residential Address: _____

Town: _____ Post Code: _____

Mailing Address (if different): _____

Town: _____ Post Code: _____

Phone - Home: _____ Mobile: _____

Email Address: _____

Date of Birth: ___ / ___ / ___

Do you wish to receive electronic correspondence only? Yes No

BANKING DETAILS:

Port Macquarie Surfing History Assoc.

REGIONAL AUSTRALIA BANK

BSB: 932 000

ACCOUNT No.: 500 197 008

(Please quote name as bank reference)

DECLARATION:

I, the above - mentioned nominee, do fully understand that i will be a provisional Member of the Port Macquarie Surfing History Association until my application has been approved by the Management Committee and membership fees have been full paid. If duly admitted to membership of the Associated, I hereby agree to abide by the Constitution and Code of Conduct/Ethics of the Port Macquarie Surfing History Association Inc. Please request a copy to be emailed, if so desired. Junior Membership relates to a person under the age of 18 and parents consent for membership is require. Parent shall also sign this application form.

Signature: _____ Date: ___ / ___ / ___

OFFICE USE ONLY

Nominated By: _____ Membership Number: _____

Date Membership approved: ___ / ___ / ___ Dates Fees Paid: ___ / ___ / ___

PORT MACQUARIE SURFING HISTORY ASSOCIATION Inc.

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