

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Bathurst Agricultural Horticultural & Pastoral Association Inc.

(Incorporated under the Associations Incorporation Act 2009)

ABN 85 953 115 197

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PO BOX 92, BATHURST NSW 2795

FAX (02) 6332 2652

www.bathurstshow.com.au

admin@bathurstshow.com.au

www.bahpa.org.au

PLEASE ENSURE THAT THE FORM IS COMPLETED IN FULL AND TICK/CIRCLE SELECTED BOXES - PLEASE PRINT CLEARLY

I, Dr / Mr / Mrs / Ms / Miss

_____ (Full name of applicant)

of (Organisation)

_____ (Corporate Membership Only)

Residential Address

Postal Address

Telephone No.

Date of Birth

Mobile No.

Email

Hereby apply to become a:

Financial Life Member	<input type="checkbox"/>	\$840
Full Member	<input type="checkbox"/>	\$ 84
Single Member	<input type="checkbox"/>	\$ 44
Junior Member	<input type="checkbox"/>	(UNDER 18 YEARS OF AGE) \$ 22
Corporate Member	<input type="checkbox"/>	(a for profit organisation) \$220
Affiliate Member	<input type="checkbox"/>	(a not for profit organisation) \$110

of the above named Incorporated Association. In the event of my/our admission as a member, I agree to be bound by the Constitution of the Association for the time being in force.

Signature of Applicant

Date

I, _____ a financial member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer

Date

I, _____ a financial member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer

Date

PAYMENT

I wish to pay by

CASH CHEQUE (payable to "Bathurst AH&PA") CREDIT CARD (details below)

Mastercard Visa AMEX

Is this a company credit card? Yes No

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

SECURITY CODE:

□ □ □ □

EXPIRY:

□ □ / □ □

Name on Card

Signature