

PO Box 484, Goulburn NSW 2580  
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*"Something for everyone"*

## MEMBERSHIP APPLICATION

Applicants are required to complete **ALL** the details below. All members agree to abide by the Constitution, Rules and Regulations of the Goulburn AP&H Society Inc. and pay membership fees when due.

**MEMBERSHIP YEAR RUNS FROM 1<sup>st</sup> June until the 31<sup>st</sup> May the following year.**

**Volunteers make the annual Show. Please let us know if you are interested in being contacted to help out at future Shows YES/NO**

**Benefits of Membership:**

1. The right for members 18 years and over to attend and vote at the AGM and General Meetings and nominate for the election of Management Committee.
2. Admission and parking on the grounds for the two days of the Show.
3. The satisfaction of supporting, volunteering and belonging to one of your community's greatest organisations.

**Membership Options (please tick one)**

**RENEWAL MEMBERSHIP**

**NEW MEMBERSHIP**

- Family Membership - (2 adults & 2 children under 18 years - additional child \$5.00) \$30.00
- Couple Membership - (2 adults) \$25.00
- Single Membership - (1 adult) \$15.00
- Next Gen – (1 adult age 18-35 years) \$10.00
- Junior Membership - (any child under 18 years) No voting rights \$5.00

**I/We would like to renew/apply for membership (please circle one of the above) of the Goulburn AP&H Society Inc. Please complete the form below with all details (if taking the Family option, please fill in the details of all family members).**

**PLEASE PRINT**

Member's Name:.....

Member's Name:.....

Junior Member's Name:.....Date of Birth.....

Junior Member's Name:.....Date of Birth .....

Postal Address:.....

Email Address:.....Telephone:.....

Signature of Applicant:.....Date:.....

**Payment Details**

- Enclosed is \$ .....Cash or Cheque (made payable to Goulburn AP & H Society Inc).
- Payment by direct deposit to: Westpac BSB-032 721 A/C 113343 - Please reference with member's name. Please email [info@goulburnshow.com.au](mailto:info@goulburnshow.com.au) if paid by direct deposit.
- Payment by VISA or MASTERCARD is also available at the office or by phone for your convenience

**Or please complete and return**

**Credit Card No:**                        

**Expiry Date:** (MM/YY) \_\_/\_\_/\_\_      **CCV:**   

**Name of Cardholder:**.....**Signature:**.....