



PO BOX 816

MURWILLUMBAH

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OFFICE USE ONLY:

MEMBERSHIP NUMBER:

CONFIRMED BY COMMITTEE:

## MEMBERSHIP APPLICATION FORM:

- NEW MEMBERSHIP  
 RENEWAL

- INDIVIDUAL - \$20  
 FAMILY - \$35  
 CONCESSION (ANY Gov. concession card) - \$12  
 ORGANISATION/SCHOOL - \$50  
 CORPORATE - \$100  
 I WOULD LIKE TO DONATE \$ \_\_\_\_\_ (OPTIONAL)

### PAYMENT

- CASH  
 CHEQUE

NEWSLETTER: PLEASE SEND TO ME BY  EMAIL  POST

TITLE: \_\_\_\_\_

FIRST NAME/S \_\_\_\_\_

SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- I ABIDE BY THE CONSTITUTION AVAILABLE ON REQUEST AS A PDF

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_