



2019/2020 MEMBERSHIP APPLICATION

I wish to apply to become a member of the Puffing Billy Preservation Society.
I have completed both pages of this application which I am returning with payment.

APPLICANT AND CONTACT DETAILS

Surname Title Mr. Mrs. Miss Ms. Dr. Other

First name Preferred name

Date of Birth / /

Occupation

Address

Suburb/Town Postcode

State/Country

Phone Nos. (H) (W) (M)

Email

I do not wish to receive emails on Puffing Billy Railway marketing matters

FAMILY MEMBERSHIPS ONLY - Complete below for a second adult in the membership and for dependent children up to 22 years old in full-time education

Full name of other family members

Date of Birth

(the person who completes the application above is the member with voting rights)

.....
.....
.....
.....
.....

Volunteer involvement — tick box only if relevant

I would like information about volunteering

I am a current volunteer

STATEMENT OF AGREEMENT

I submit my application for membership and indicate my support for the aims and objectives of the Society.
I agree to be bound by the [Constitution](#) of the Puffing Billy Preservation Society and the [Code of Conduct](#) of the Puffing Billy Railway.

X.....
(signature of applicant)

Date / /
(date of application)

X.....
(signature of parent/guardian if applicant is under 18) PBPS

Name
(name of parent/guardian if applicant is under 18)

PUFFING BILLY PRESERVATION SOCIETY

ABN 79 004 621 505

TAX INVOICE

Once payment has been received, this document becomes your tax receipt/invoice. Please keep a copy for your records.

MEMBERSHIP DETAILS

I apply for membership type marked below.
All fees are inclusive of GST and apply for membership to June 2020.

- | | | |
|---|-------------|---------|
| <input type="checkbox"/> FULL | \$ 82.00 | \$..... |
| <input type="checkbox"/> CONCESSION (<i>Card No</i>) | \$ 52.00 | \$..... |
| <small>(Available to Pensioner, Health Care or Dept. Vetran Affairs card holders)</small> | | |
| <input type="checkbox"/> STUDENT CONCESSION (<i>full time</i>) | \$ 52.00 | \$..... |
| <small>(Provide name of educational institution)</small> | | |
| <input type="checkbox"/> JUNIOR (<i>under 18 as at 30 June 2019</i>) | \$ 27.00 | \$..... |
| <input type="checkbox"/> FAMILY (<i>2 adults and their children under 18</i>) | \$ 142.00 | \$..... |
| <input type="checkbox"/> STUDENT FAMILY (<i>Up to 2 adults and dependent children up to 22 y.o. in full-time education</i>) | \$ 142.00 | \$..... |
| <input type="checkbox"/> LIFE MEMBERSHIP | \$ 2,400.00 | \$..... |
| <input type="checkbox"/> SENIOR LIFE MEMBERSHIP (<i>Life Membership option for over 65</i>) | \$1,430.00 | \$..... |

METHOD OF PAYMENT

- CHEQUE/MONEY ORDER** payable to "Puffing Billy Preservation Society"
- DIRECT DEPOSIT** (Commonwealth Bank, BSB: 063-842, Account: 1028 5062)

Receipt No..... Date paid /...../.....

Make payment with reference "NEW-[your name]" and send email confirmation of payment to pbpsaccounts@pbps.org.au.
Your completed membership form must also be returned to membership@pbps.org.au or by mail to complete your application.

- CREDIT CARD** MasterCard Visa Name on card.....

Card No.

Cardholder signature x..... Expiry date /

Please forward completed form, with payment, to...

Puffing Billy Preservation Society
PO Box 515, Belgrave, VIC 3160

Please email membership@pbps.org.au or phone (03) 9757 0700 if you have any queries about your application.

OFFICE USE ONLY

Application received /...../..... Application approved /...../.....

Payment confirmed Receipt date/...../..... Receipt number.....

Member type Full Student Concession Junior Family Student Family Life Senior Life

Member number..... Package sent...../...../.....