



ABN 79 004 621 505

2022-2023 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

FAMILY MEMBERSHIPS ONLY Complete below for up to 2 adults and their dependent children up to 18 years old in full-time education

Full name of other family members

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

Date of birth

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

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 any related policies and procedures.

X..... Date / /

(signature of applicant) (date of application)

X..... Name Contact Ph

signature of parent/guardian if applicant is under 18) name of parent/guardian if applicant is under 18) phone number of parent/guardian

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 applications, once accepted and processed, are valid until end June 2023.

MEMBERSHIP DETAILS

Mark the membership type applicable. All fees are inclusive of GST.

- | | | | |
|--------------------------|--|------------|---------|
| <input type="checkbox"/> | FULL | \$90.00 | \$..... |
| <input type="checkbox"/> | CONCESSION (Card No)
(Available to Pensioner, Health Care or D Vet Affairs card holders) | \$60.00 | \$..... |
| <input type="checkbox"/> | STUDENT CONCESSION (full time)
(Provide name of educational institution) | \$60.00 | \$..... |
| <input type="checkbox"/> | JUNIOR (under 18 as at 30 June 2022) | \$30.00 | \$..... |
| <input type="checkbox"/> | FAMILY (2 adults and children under 18) | \$145.00 | \$..... |
| <input type="checkbox"/> | LIFE MEMBERSHIP | \$2,700.00 | \$..... |
| <input type="checkbox"/> | SENIOR LIFE MEMBERSHIP (Life membership for those over 65) | \$1,530.00 | \$..... |

METHOD OF PAYMENT

CHEQUE/MONEY ORDER payable to "Puffing Billy Preservation Society"

DIRECT DEPOSIT (CBA, BSB: 063 842, Acc: 1028 5062)

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

Make payment with reference "New - your last name]" and send e-mail confirmation to membership@pbps.org.au

Your membership form must be forwarded to membership@pbps.org.au for processing.

CREDIT CARD MasterCard Visa Name on card

Card No

Cardholder Signature Expiry Date /

Please forward completed form, with payment details to

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

or email your form to membership@pbps.org.au

If you have any queries about your application, please contact Puffing Billy Preservation Society by leaving a phone message on (03) 9757 0767 or by sending an email to membership@pbps.org.au

OFFICE USE ONLY Application received/...../.....

Application Approved/...../.....

Payment Confirmed/processed

Receipt Date/...../.....

Receipt Number

Member Type

Member Number

Package Sent/...../.....