

CANBERRA BONSAI SOCIETY INC.

P.O. BOX 800, WODEN ACT 2606

MEMBERSHIP APPLICATION and RENEWAL FORM

Please fill in all areas of this form and present it with your payment to the Treasurer at the next meeting or mail it, together with your payment, to the address above, marked 'Attention Treasurer'. Cheques should be made payable to CANBERRA BONSAI SOCIETY INC and crossed NOT NEGOTIABLE.

☐ I/We are applyir	g for membership	
☐ I/We are renewi	ng our membership (membership is renewed fo	r 12 months from the date of expiry)
NAME (please print)		
If a family membership o	ther members first name(s):	
ADDRESS (residential)		
		Post Code
POSTAL (if different)		
		Post Code
TELEPHONE	H W	M
EMAIL		
		0.00
I enclose payment for the class of membership indicated:		Office use only Date Initial
☐ Single Member \$25 per year ☐ Double / Family Member (one household) \$30 per year ☐ Two years membership (\$50 or \$60) ☐ Three years membership (\$75 or \$90)		Fee received
		Receipt issued
		Card Issued
I/We agree to abide by the Constitution and By-Laws of the Society.		Records checked
		Category
Signed:	Date: / /	