



MEMBERSHIP FORM

Fees are payable for the financial year 1 July to 30 June

Name: _____

Postal address: _____

Town: _____ State: _____ Postcode: _____

E-mail: _____ Mobile _____

I, _____ hereby apply for membership of EHHMAHAA.
If I am admitted as a member, I agree to be bound by the constitution of the association.

Signed _____ Date: ____/____/____

Are you interested in being at volunteer at the museum? _____

Any special skills or interests? _____

Payment method and period:

1 year \$5.50 5 years \$ 25 10 years \$45 Optional Donation \$ _____

Cash Cheque Pay to EHHMAHAA PO Box 18, Evans Head NSW 2473

Direct Debit EHHMAHAA BSB 032 591 Account No. 287627

Please include your name with direct debit information.

Scan of the completed form may be sent to secretary@ehham.org.au

Office Use: Date processed: ____/____/____ Payment: \$ _____ Rct No. _____

Nominated by (member signature) _____