

APPLICATION FOR MEMBERSHIP –MGPS Inc.

Name: _____

Spouse/Partner Optional: _____

Address: _____

Postcode: _____

Phone – Home: _____ Phone–work (optional) _____

Mobile: _____ Email: _____

Please tick the box if you wish these contact details to be kept private and only for club's administrators.

Membership Fees

(Please tick)

Month	Full	Associate	Spouse or Partner*	Concession #
July, Aug, Sept	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$25.00
Oct, Nov, Dec	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$20.00
Jan, Feb, March	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$15.00
April, May, June	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$ 9.00	<input type="checkbox"/> \$ 7.50	<input type="checkbox"/> \$ 6.50

* Spouse or partner of a member who has already paid the \$50 fee.

Pensioners or full-time students.

Total: \$ _____ Direct Deposit Cheque Cash

Direct Deposit: Remember to use either your COMPETITON NUMBER or SURNAME (if a new member) as a refence so we know who has paid! Account Name: Mt Gravatt Photographic Society Inc BSB: 064118 Account Number: 10054613

MEMBERSHIP AGREEMENT

I hereby apply for membership of the Mount Gravatt Photographic society Inc.

This application is subject to the acceptance by the Management committee and extended on the condition that I will agree to abide by the rules of the society.

Signed: _____ Date ___/___/___

CLUB USE ONLY

Received \$	<input type="checkbox"/> Records Updated
Receipt Number	<input type="checkbox"/> Mailing list updated
Comp Number	
Other	