

APPLICATION FOR MEMBERSHIP – MGPS Inc.

First Name: Last Name:

Spouse/Partner :

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 administrative use

MEMBERSHIP FEES

Cheque Cash

Direct Deposit

Joining fee (\$15) plus (please tick from the right)

Month	Full	Associate	Family	Concession
July, Aug, Sept	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$20.00
Oct, Nov, Dec	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$15.00
Jan, Feb, March	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$10.00
April	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$500
May	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
June	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00

Total: \$ _____

Direct Deposit: Remember to use either your COMPETITION NUMBER or SURNAME (if a new member) as a reference 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: Dated/...../.....

CLUB USE ONLY

Received \$	<input type="checkbox"/> Records Updated
Receipt Number	
Comp. Number	<input type="checkbox"/> Mailing List Updated

Other:



Mount Gravatt Photographic Society Inc.
P.O Box 234 MT GRAVATT 4122
www.mgps.org.au
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