

## Fraser Coast Agriculture Show Society Inc. ABN: 59 534 420 367 Show Office | 84 Gympie Road, Maryborough | QLD | 4650 Office hours – Tuesday & Thursday 9.00am to 3.00pm Telephone (07)4123 5311 WEBSITE- www.frasercoastagshow.com | Email admin@frasercoastagshow.com

## Future Gen Membership Application 1<sup>st</sup> July 2022 to 30<sup>th</sup> June 2023

Parent's Consent											
Suburb/Town  Postcode:    Telephone: (H)  Mobile:  Image: Constraint of the state o											
Telephone: (H)  Mobile:  Image: Construct of the state of the s											
Email:  Amount  Number  Date of Birth    Student/Youth (13 to 14 years) (Free if Parents have membership)  \$10  \$    Student/Youth (13 to 14 years) (TAFE Uni & School - proof required)  \$115  \$    Gree if Parents have FCASS Membership)  \$10  \$    Correspondence[mail ] email  Newsletter Subscriber]  Total Inc GST  \$    Membership payment Options:  (a) Direct Debit: Fraser Coast Agriculture Show Society  Bank of Queensland  BSB: 124-080  Acct No: 22390947    Ref:  M/ship (surname must be included)  (b) Cheque payable: Fraser Coast Agriculture Show Society Inc. PO Box 232, Maryborough QLD 4650  (c) Cash, EFTPOS facility at the Show Society office (Credit Card surcharge 2.5% will apply)    Applicant's Signature:						Postcode:					
Future Gen Membership  Amount  Number  Date of Birth    Student/Youth (13 to 14 years) (Free if Parents have membership)  \$10  \$    Student/Youth (15 to 18 years) (TAFE Uni & School - proof required)  \$15  \$    (Free if Parents have FCASS Membership)  \$  \$    Correspondence[mail]email  Newsletter Subscriber  Total Inc GST  \$    Membership payment Options:  (a) Direct Debit: Fraser Coast Agriculture Show Society Bank of Queensland  BSB: 124-080  Acct No: 22390947 Ref: M/ship (surname must be included)  \$    (b) Cheque payable: Fraser Coast Agriculture Show Society Inc. PO Box 232, Maryborough QLD 4650  (c) Cash, EFTPOS facility at the Show Society office (Credit Card surcharge 2.5% will apply)    Applicant's Signature:  /  /  /  /  /  20.    Parent's Consent  I (full name of parent or guardian).  of(address).   Postcode     give my permission for (full name of child)		Mobile:									
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to become a member of FCASS Future Ge	ull name of child)										
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Signed ......Date.....

Office Use Only	Date Paid	Receipt #	
	Membership #	Pay Method	Collect / Post Yes No

## Nominated by

Name.....Signature....

## Seconded by Print

Name.....Signature.....Signature......Signature......Note: Only New Applicants for Membership must be nominated and seconded by Financial Members. All new Applications for Membership must be ratified by Directors at the next meeting after date of application Membership Entitlements: -

- Unlimited entry to Fraser Coast Agriculture Show and HALF Price Gate Entry to other event the FCASS holds
- Free parking in the Members Car Park \*If available