

# TOOWOOMBA CLIVIA SOCIETY Inc.

2018 January — December  
Membership Application Form

I wish to renew my membership / become a new member

I wish to resign my membership

## Membership Fees

\$25.00 per person with Quarterly Newsletters.

\$10.00 per additional person at same address

\$ 5.00 discount on total above if sent electronically (email only)

By signing below, I agree to comply with the rules of the Society

### Member Details:

Please print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date / /

Proposed by \_\_\_\_\_ Seconded by \_\_\_\_\_

Forward form with payment to:  
The Secretary  
P O Box 1679  
Toowoomba BC  
Qld. 4350

Bank Details: BSB: 638-070 Account No. 1006 1576

Please reference your name with payment.