

TOOWOOMBA CLIVIA SOCIETY Inc.

2019 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 _____

Secretary Contact Mobile Forward form with payment to: The Secretary

P O Box 1679
Toowoomba BC
Qld. 4350

Heritage Bank Details: BSB: 638-070 Account No. 1006 1576 Please reference your name with payment.
Use the "Contact us" Section on our website : www.toowoombacliviasociety.com.au for any further information. Make cheques payable to "Toowoomba Clivia Society Inc."