



## Membership Form

**Address \***

**City \***

**State \***

**Post Code \***

**I wish to receive correspondence by: \***

- Email (preferred)  
 Post

**Please select one: \***

- I wish to become a member  
 I wish to renew my membership  
 Do you wish to become a volunteer?

**Membership \***

- Membership \$30     Concession \$25

**Signature**

**Date \***