

NSWRTM APPLICATION for MEMBERSHIP

(1) SINGLE or PRIMARY MEMBER		PLEASE PRINT ALL DETAILS CLEARLY	
Family Name	Mr, Mrs, Miss, Ms, (please circle)	First Names	(in full please)
Occupation (optional)		Date of Birth	(optional)
(2) SPOUSE / PARTNER			
Family Name	Mr, Mrs, Miss, Ms, (please circle)	First Names	(in full please)
Occupation (optional)		Date of Birth	(optional)

ADDRESS			
Home address		State	
		Post code	
Postal address		State	
		Post code	
e-mail			
Phone Nos	(home)	(business)	(mobile)
Pension / Seniors Card Numbers	(1)	(2)	

STATEMENT - SIGNATURE (Please tick)			
I/we hereby apply for	Standard	Family Pensioner	Pension Family Student
	Membership of the NSW Rail Transport Museum (RTM)		
In consideration of my/our admission to membership, I/we agree to be bound by the Constitution of the New South Wales Rail Transport Museum and by-laws which are in force from time to time.			
Print Name	Signature		Date
(1)			
(2)			

STUDENT MEMBERS Independent or Family member (under 18 and in full time study.)			
Family Name	Miss, Mstr (please circle)	First Names	(in full please)
			Date of birth (req)
Family Name	Miss, Mstr (please circle)	First Names	(in full please)
			Date of birth (req)
I hereby give permission for my son/daughter/ward whose name, address and date of birth is shown above, to apply for membership of the New South Wales Rail Transport Museum.			
Print name	Signature		Date
(1)			

PAYMENT METHOD (Please tick) See overleaf for Fees due.			
Amount Payable	\$.....	Cash	EFTPOS
		<input type="checkbox"/> Cheque or	<input type="checkbox"/> Money Order
		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card number			Expires /
Name on Card	Signature		Date

OFFICE USE ONLY		Date Rec'd	Membership number/s allocated
Date Entered	For Board meeting	Receipt Number	Date Sent
Date Banked	Sheet Number	Carded	Date Sent