



Picton District A.H. & I. Society Inc.

PO Box 34 Picton NSW 2571

Phone: 4677 2485 Fax: 4677 0219

Email:

SEND TO: The Secretary
Picton District A.H. & I. Society Inc.
PO Box 34
PICTON NSW 2571

Adult / Junior / Aged Pensioner
Date of Birth to be stated for Juniors

Full Name of Applicant

Address _____

Phone: _____ Email: _____

I/We hereby apply to become a Member/s of the above named incorporated Society. In the event of my/our admission as a Member, I/We agree to be bound by the rules of the Society for the time being in force.

Signature of Applicant _____ Date _____

I, _____ (full name of Member of Society) nominate the Applicant, who is personally known to me, for Membership of the Society.

Signature of Nominator _____

Date _____

I, _____ (full name of member of Society) second the nomination of the applicant, who is personally known to me, for Membership of the Society.

Signature of Seconder _____

Date _____

Membership Type *All membership fees include GST*

Single Adult \$15.00 Aged Pensioner \$7.50 Junior (under 16 yrs. - D.O.B. must be stated) \$7.50 Family (2 adults & up to 5 children) \$50.00

I/We am/are interested in helping before/during the Show Yes No

Area of Interest _____

Office Use Only:

Date _____ / _____ / _____

\$ _____ : _____

Approved: _____

Showground: Menangle Street, Picton

A.B.N. 61 613 759 719