

PO Box 159 Crystal Brook SA 5523 Mobile: 0474 502 241

Email: secretary.cbshow@gmail.com

MEMBERSHIP APPLICATION FORM

NAME			
ADDRESS			
PHONE NO.			
EMAIL			
SIGNED			
Date:			
Note: Memberships are only available when fully paid prior to Show Day. A Show Book and tickets will be issued following payment. Memberships are valid for one year only MEMBERSHIP TYPE (Tick required option) \$30 - 2 Adults, 3 Children (child 5 - 17 yrs) plus 1 Vehicle \$20 - 2 Adults plus 1 Vehicle \$5 - Junior membership (child 5 - 17 yrs)			
		PAYMENT DETAILS (Tick required of	option)
		☐ Cheque enclosed. Return this form and cheque to:	
Secretary NWAS Crystal Brook PO Box 159 CRYSTAL BROOK SA 5523			
	attend personally with your form and pay at the Show Office during and 10 August 2018. You will be issued tickets at that time.		
□ Direct Debit (EFT). Post or emai	I your form and pay the fees using the following bank details:		

BSB: 015 693 A/C NO: 602550050 A/C NAME: Crystal Brook North Western Ag Society Inc Reference: Include your surname, initials and "Membership"

Please email a copy of the EFT receipt to secretary.cbshow@gmail.com