



**2017/2018 MEMBERSHIP APPLICATION**

I wish to apply to become a member of the Puffing Billy Preservation Society.  
I have completed both pages of this application which I am returning with payment.

**APPLICANT AND CONTACT DETAILS**

Surname ..... Title Mr. Mrs. Miss Ms. Dr. Other .....

First name ..... Preferred name .....

Date of birth ..... / ..... / .....

Occupation .....

Address .....

Suburb/town ..... Postcode .....

State/country .....

Phone Nos. (H) ..... (W) ..... (M) .....

Email .....

I do not wish to receive emails on Puffing Billy Railway marketing matters

**FAMILY MEMBERSHIPS ONLY** Complete below for up to 2 adults and their dependant children up to 22 years old in full-time education

**Full name of other family members**

**Date of birth**

(the person who completes the application above is the member with voting rights)

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**Volunteer involvement** — tick box only if relevant

I would like information about volunteering

I am a current volunteer

**STATEMENT OF AGREEMENT**

I submit my application for membership and indicate my support for the aims and objectives of the Society  
I agree to be bound by the [Constitution](#) of the Puffing Billy Preservation Society and the [Code of Conduct](#) of the Puffing Billy Railway

X.....  
(signature of applicant)

Date ..... / ..... / .....  
(date of application)

X.....  
(signature of parent/guardian if applicant is under 18)

Name .....  
(name of parent/guardian if applicant is under 18)

# PUFFING BILLY PRESERVATION SOCIETY

ABN 79 004 621 505

## TAX INVOICE

Once payment has been received, this document becomes your tax receipt/invoice. Please keep a copy for your records.

### MEMBERSHIP DETAILS

I apply for membership type marked below. All fees are inclusive of GST and apply for membership to June 2018. To apply for reduced fees (available for part-year membership), contact:

[newmember@pbr.org.au](mailto:newmember@pbr.org.au) or phone (03) 9757 0700

- |   |           |         |
|---|-----------|---------|
| <input type="checkbox"/> FULL.....  | \$78.00   | \$..... |
| <input type="checkbox"/> CONCESSION ( <b>Card No</b> ).....<br><small>(Available to Pensioner, Health Care or D Vet Affairs card holders)</small> | \$49.00   | \$..... |
| <input type="checkbox"/> STUDENT CONCESSION ( <b>full-time</b> ).....<br><small>(Provide name of educational institution)</small>                 | \$49.00   | \$..... |
| <input type="checkbox"/> JUNIOR ( <b>under 18 as at 30 June 2017</b> ) .....  | \$26.00   | \$..... |
| <input type="checkbox"/> FAMILY ( <b>2 adults and children under 18</b> ).....  | \$135.00  | \$..... |
| <input type="checkbox"/> STUDENT FAMILY ( <b>Up to 2 adults and dependent children up to 22 y.o. in full-time education</b> )                     | \$135.00  | \$..... |
| <input type="checkbox"/> LIFE MEMBERSHIP .....  | \$2300.00 | \$..... |
| <input type="checkbox"/> SENIOR LIFE MEMBERSHIP ( <b>Life Membership option for those over 65</b> ).....  | \$1370.00 | \$..... |

### METHOD OF PAYMENT

- CHEQUE payable to "Puffing Billy Preservation Society"  
 DIRECT DEPOSIT (Commonwealth Bank, BSB: 063842, Account Number: 10285062)

Receipt No..... Date paid ..... /...../.....

(Make payment with reference "New Member — [your name]" and send e-mail confirmation of payment to [accounts@pbr.org.au](mailto:accounts@pbr.org.au). Your completed membership form must also be returned to [newmember@pbr.org.au](mailto:newmember@pbr.org.au) or by mail to complete your application)

CREDIT CARD  MasterCard  Visa Name on card.....

Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cardholder signature x..... Expiry date ..... / .....

Please forward completed form, with payment, to...

**Puffing Billy Preservation Society**  
**PO Box 451, Belgrave, VIC 3160**

Please email [newmember@pbr.org.au](mailto:newmember@pbr.org.au) or phone (03) 9757 0700 if you have any queries about your application.

### OFFICE USE ONLY

Application received ..... /...../..... Application approved ..... /...../.....

Payment confirmed  Receipt date ..... /...../..... Receipt number.....

Member type  Full  Student  Concession  Junior  Family  Student Family  Life  Senior Life

Member number..... Package sent..... /...../.....