



2016/2017 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 <small>(the person who completes the application above is the member with voting rights)</small>	Date of birth
.....
.....
.....
.....
.....

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 30 June 2017.

- | | | |
|---|-----------|---------|
| <input type="checkbox"/> FULL..... | \$78.00 | \$..... |
| <input type="checkbox"/> CONCESSION (Card No).....
<small>(Available to Pensioner, Health Care or D Vet Affairs card holders)</small> | \$49.00 | \$..... |
| <input type="checkbox"/> STUDENT CONCESSION (full-time).....
<small>(Provide name of educational institution)</small> | \$49.00 | \$..... |
| <input type="checkbox"/> JUNIOR (under 18 as at 30 June 2016) | \$26.00 | \$..... |
| <input type="checkbox"/> FAMILY (2 adults and children under 18)..... | \$116.00 | \$..... |
| <input type="checkbox"/> STUDENT FAMILY (Up to 2 adults and dependent children up to 22 y.o. in full-time education) | \$116.00 | \$..... |
| <input type="checkbox"/> LIFE MEMBERSHIP | \$2300.00 | \$..... |
| <input type="checkbox"/> SENIOR LIFE MEMBERSHIP (Life Membership option for those over 65)..... | \$1370.00 | \$..... |

METHOD OF PAYMENT

- CHEQUE payable to "Puffing Billy Preservation Society"
 DIRECT DEPOSIT (Commonwealth Bank, BSB: 063 842, Account Number: 1028 5062)

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

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

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

Card No.

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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 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...../...../.....