

Camellia Ark Australia Inc. 2020 Membership Form

Mailing Address: (Interim Membership Secretary) Dr Stephen Utick, 3 Reveley Court, Stirling, ACT,2611.
Email Address: camellia.ark.australia@gmail.com

Membership: \$15 annually (From 1st Jan 1st to 31st Dec. 2020) Renewal deadline AGM April 2020.
\$5 extra for additional household members.

Supplementary cost for hard copy mailouts of Discovery Journal (3 per year) is \$30 annually to cover printing and postage (As there are not very many needed, the printing costs are higher than normal).

A reminder will be sent to those whose membership is due.

Badges: (EXTRA). These may be ordered at \$9 (or \$16 couple) This includes postage.

Receipts will be issued electronically.

Payment Options:

- 1. Post cheques to Interim Membership Secretary.
2. Direct Deposit into Westpac BSB: 032376; A/C # 345468
Put surname and initial in the reference field. Then email with payment advice.
3. Cash/cheque in person to Interim Membership Secretary at meetings.

Please print clearly.

Person 1: Dr/Mr/Mrs/Ms (circle) First Name \_\_\_\_\_ Surname \_\_\_\_\_

Spouse/Partner Dr/Mr/Mrs/Ms (circle) First Name \_\_\_\_\_ Surname \_\_\_\_\_

Street address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ State \_\_\_\_\_

Postal address (if different to above) \_\_\_\_\_

Landline phone incl. area code) (\_\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address \_\_\_\_\_@\_\_\_\_\_

(tick) Please order me a badge with name/s: \_\_\_\_\_

I / we hereby apply to become a member/s of Camellia Ark Australia Inc. and I / we agree to be bound by the Constitution of Camellia Ark Australia Inc. and any protocols for collection. (Please circle)

Signature/s \_\_\_\_\_ Date \_\_\_\_\_

PRIVACY LAWS: The above information will be listed in the Register of Members, which remains in the Camellia Ark Australia's possession and kept confidential but does act as a Public Document for the N.S.W. Dept. of Fair Trading, should it be called upon.

CAMELLIA ARK AUSTRALIA USE ONLY

Amount paid \$ \_\_\_\_\_ Cash Date Paid \_\_\_\_\_/\_\_\_\_\_/2020 Receipt No. \_\_\_\_\_

\$ \_\_\_\_\_ Direct Deposit Verified \_\_\_\_\_

\$ \_\_\_\_\_ Cheque # \_\_\_\_\_ Bank \_\_\_\_\_

President's signature: \_\_\_\_\_ Secretary's signature: \_\_\_\_\_

Membership:
Household Extra:
Hard copy:
Badge/s: