

Signature: \_\_\_

## New Membership Application Form ABN 40 063 003 441

Address: PO Box 18434 Clifford Gardens 4350 Museum: located in O'Quinn Street Toowoomba

Phone (07) 4631 4482

Form New MS 09/12

Email: <a href="museum25battalion@westnet.com.au">museum25battalion@westnet.com.au</a>
Web: <a href="museum.com.au">www.milnebaymilitarymuseum.com.au</a>

I/We wish to apply for m	embership o	f the MILNE BAY MILI	TARY MUSEUM IN	IC.	
Please tick the appropria	te boxes	☐ Single Annual	\$15.00	☐ Family Annual	\$20.00
☐ Single 5 years	\$60.00	☐ Family 5 years	\$75.00	☐ Corporate Annual	\$50.00
☐ Life subscription for p	ersons over 6	60 years of age	\$210.00		
Name/s:					
Address:					
City:			_ State:	Postcode:	
Phone:()			Mobile:		
Email:		@			
Payment Options:					
1. Internet: Direct Deposi	t to Heritage	Bank: BSB 638 070. /	Account No:008868	3492 Reference: Your Mem	bership No.
2. Payment made by:		☐ Cheque	☐ Money Orde	er □ Visa / □Maste	erCard
Card Number:		300 00C		Card Expiry: /	
Card Holder's Name (as					
Signature:					
Signature.				Form New MS 09/12	
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Card Number:				Card Expiry:/_	
Card Holder's Name (as	it appears or	n card): _			