

**Contact Details This is a New Membership / This is a Renewal of existing Membership ( cross out one).**

Surname ..... Given Name .....

Address .....

Town ..... State ..... Postcode .....

Ph (BH/AH): ..... Mobile .....

Email address: .....

*Do you wish your Newsletter and other appropriate material to be sent to your email address?? Yes/No*

The personal information requested on this form is being collected by Seymour Railway Heritage Centre Inc (SRHC) and will use this information only for membership and mailing purposes or for other directly related purposes.

**Membership Pricing**

Membership is per annum and renews at the end June each year.

Please tick which membership you are applying for: Half yearly fees apply if joining after 1 January. All Memberships expire on 30 June each year.

|                                       |          |                          |
|---------------------------------------|----------|--------------------------|
| Adult over 18                         | \$70.00  | <input type="checkbox"/> |
| Child (under 18)                      | \$35.00  | <input type="checkbox"/> |
| Family 2 Adults 2 Children (under 18) | \$100.00 | <input type="checkbox"/> |

**Note :** To become an active Member at the Depot or perform on train passenger work you must be over the age of 18 years and hold a Working with Children Card.

Do you have a preference for work or have skills that you could provide as a volunteer if you are over the age of 18 years. Give details.

**Declaration**

I understand the conditions of membership and agree to be bound by the rules governing the operation of the Seymour Railway Heritage Centre Inc.

Name: ..... Signed: ..... Date: .....

**Payment Options**

Membership is payable either by cheque, Money Order (payable to "Seymour Railway Heritage Centre Inc") or by one of the payment methods below: All Memberships expire on 30 June each year.

**Credit Card (Please print clearly):**

Please debit my credit card with the amount of \$.....

Please circle one: Visa / MasterCard

Name on Card (Please print): .....

Card Number: .....

Expiry Date: ..... / ..... CVC: .....

Signature: ..... Date: .....

**Direct Credit transfer**

Bank: Commonwealth Bank, Seymour

BSB: 063 545

Account number: 10077575

Ensure your name is shown in transfer details.

*OR renew direct at our web site [www.srhc.org.au](http://www.srhc.org.au)*

*Simply complete the renewal Form under the Membership link with your credit card details.*

**Enquiries to [info@srhc.org.au](mailto:info@srhc.org.au)**

**Other Payment : All Donations over \$2.00 are Tax Deductible.**

Please find included my donation for the amount of:\$ .....( Receipt will be issued).

**Office Use only.** Payment Method .....

Amount. ....

Date Received..... Processed by .....

Approved by Committee .....