



# MEMBERSHIP APPLICATION

## MEMBERSHIP YEAR, 1 APRIL 2020 to 31 MARCH 2021

Adelaide Showground  
PO Box 108, GOODWOOD  
SOUTH AUSTRALIA 5034  
Switchboard Ph: 08 8210 5211  
ABN: 68 531 710 498

### HOW TO APPLY

- Renew online at [www.rahs.com.au](http://www.rahs.com.au). **OR** Post form to Membership Officer, PO Box 108 Goodwood SA 5034 **OR** deliver to Adelaide Showground, Secretary's Office, Rose Terrace Entrance, Wayville SA.
- Email form to [membership@adelaideshowground.com.au](mailto:membership@adelaideshowground.com.au)

### MEMBER DETAILS - Use a separate form for each individual membership

MEMBER NO: \_\_\_\_\_

TITLE: \_\_\_\_\_ GIVEN NAME/S \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: MALE / FEMALE

BUSINESS NAME (IF NOMINATED REPRESENTATIVE OF REGISTERED BUSINESS): \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### ARCHIVES FOUNDATION AND EDUCATION FOUNDATION SCHOLARSHIP FUND DONATIONS (TAX DEDUCTIBLE)

- |   |    |
|---|----|
| <input type="checkbox"/> I WOULD LIKE TO HELP THE SOCIETY MAINTAIN ITS HISTORIC RECORDS | \$ |
| <b>AND/OR</b>   |    |
| <input type="checkbox"/> I WOULD LIKE TO CONTRIBUTE TO THE EDUCATION SCHOLARSHIP FUND   | \$ |

### SOCIETY DONATION (NOT TAX DEDUCTIBLE)

I WOULD LIKE TO ASSIST IN ENSURING THE FUTURE VIABILITY OF THE SOCIETY \$

### MEMBERSHIP

#### ANNUAL MEMBERSHIP

One year Loyalty Membership	\$170.00	\$
<b>OR</b>		
One Year Discounted	\$100.00	\$

#### LIFE MEMBERSHIP UPGRADE (Must be a natural person. If under 18 years Life Member is not eligible to vote. Normally \$2300)

Pack Includes: One <b>non-transferable</b> Life Member's card		
One transferable Member's guest pass	<i>Life Member Upgrade for prior yearly Member</i>	\$2150.00

#### JUNIOR MEMBERSHIP (Available to those under the age of 18 years at 1 January 2020)

Pack Includes: One Junior Member card	\$30.00	\$
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Name (in full): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (in full): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TOTAL (GST free) \$**

### PAYMENT DETAILS Please do not include credit card details if returning form by Email.

METHOD OF PAYMENT:  Cash  Cheque  Money Order  Credit Card

TYPE OF CARD:  VISA  Mastercard  Amex

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CARD NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_