

Membership Application or Renewal
(Financial Period 1st October to 30th September each year)

I wish to renew / join my membership of the City of Toowoomba Eisteddfod Inc. for the up coming year 20____ as an

Ordinary Member \$25

Professional Member \$60

Title _____

Full Name _____

Address _____

Phone Number _____ (Mobile / work / home)

Email Address _____

Membership fee paid by Cash / Cheque / Direct Deposit / Other

Bank Name: Heritage Bank Limited

BSB: 638070 Account Number: 1661108

Direct Deposit Reference Number _____

Details of Other payment _____

Signature of Applicant _____

Date ___/___/___

Additional Information required from NEW members only -

New members must be nominated and seconded by current members of the Eisteddfod Association.

Nominated by: _____ Date: ___/___/___

Signature _____

Seconded by: _____ Date: ___/___/___

Signature: _____

OFFICE USE ONLY:

Secretary : Recorded in
databases / email groups
(Please list below)

Treasurer: Receipt/vouchers
issued:

New Membership Accepted:

Professional Membership

Ordinary Membership

Membership Number: