



Cooma Monaro Railway Inc.

ABN: 36 099 195 071

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE AS APPROPRIATE IN BLOCK LETTERS and return to:

Cooma Monaro Railway Inc
PO Box 1327
Cooma NSW 2630

or Scan and email: membership.officer@cmrailway.org.au

I/We hereby apply for membership of Cooma Monaro Railway Inc. and I/we agree to be bound by the constitution of Cooma Monaro Railway Inc., its rules, plans and safety management system.

Title:

Given name/s:

Surname:

Home Address:

Postcode:

Postal address:

(if different from home address)

Postcode:

Email address:

Telephone number/s:

(H)

(W)

(M)

Applicant & Family Members (signature not required for those under 18)

| Name | Signature | Date of Birth |
|------|-----------|---------------|
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Membership Rates and Options

Pro Rata fees Commencing

| | 1 July | 1 Oct | 1 Jan | 1 April | |
|---|---------|---------|---------|---------|----------|
| Family (2 adults & children under age 18) | \$85.00 | \$63.75 | \$42.50 | \$21.25 | \$ _____ |
| Single | \$55.00 | \$41.25 | \$27.50 | \$13.75 | \$ _____ |
| Pensioner/Student (Proof of concession must be provided) | \$35.00 | \$26.25 | \$17.50 | \$8.75 | \$ _____ |

Donations (Donations of \$2 or more are tax deductible)

\$ _____

Total Payment Enclosed (including GST)

\$

Please use one of the options on the next page to forward your payment

Cooma Monaro Railway Inc

Payment Options

Membership fees may be paid with cash, cheque, money order or direct debit.

I am paying \$..... by:

Cash

Cheque/Money Order

Direct Debit

If paying by direct debit, please use your name as a reference. Direct debit details are:

Westpac – Cooma Monaro Railway Inc.

BSB 032 720

Account 235509

If paying by direct debit, please feel free to scan and email your completed form to membership.officer@cmrailway.org.au, instead of posting.

Privacy Policy

The Cooma Monaro Railway Incorporated (CMR) respects the privacy of the individuals it deals with in a range of capacities, and complies with the Privacy Act 1988. Consistent with this, CMR will not disclose personal information relating to its members to third parties except in order to facilitate the provision of services to those members or as otherwise required by law, but may provide such information to its operational staff in order to facilitate the management and operations of CMR, or to other agencies as required for accreditation, insurance, or other relevant operational requirements. Members may arrange to access their personal information held by CMR by contacting the Public Officer.

I agree to CMR using my email address to send newsletters and notices from time to time.

Signed: _____ Date: _____ / ____ / ____

Interests: CMR appreciates the voluntary efforts of its members and hopes you will assist by volunteering in your area of qualification or interest. Please list your qualifications and area/s or interest below:

Office Use Only

| | |
|---------------------------------|--|
| Date Received | |
| Members register updated | |
| Payment banked – receipt number | |
| Committee approval | |
| File Created | |