



MEMBERSHIP APPLICATION

NAME	Date
Street address	
Suburb	Postcode
Email	
Mobile/Phone	
What skills can you bring to share?	

- Please mark an X in the box for the membership & payment type that applies to you
- A receipt will be issued for cash payments

MEMBERSHIP TYPE	FEE	CASH / CHEQUE	EFT	EFT PAYMENTS:
Adult	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	Account Spring Bay Maritime & Discovery Centre Inc
Family	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	BSB 633000
Business < 20 employees	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	A/C No 148008782
Major Sponsor	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>	Reference: your name

Thank you! Your support is vital to the success of the Association

SBMDC Committee use:

Membership Approved
Y N

SIGNED Secretary, SBMDC

Application considered at the
Committee Meeting on (DATE)

