 MEMBERSHIP FORM

Single - $10 per year

PO Box 516

Wee Waa NSW

Email: [namoiechomuseum@gmail.com](mailto:namoiechomuseum@gmail.com)

|  |  |
| --- | --- |
| NAME: | |
| ADDRESS: | |
| PHONE: | |
| EMAIL: | |
| PAYMENT: | $10 |
| DONATION: |  |
| TOTAL: |  |
| SIGNATURE: | |
| I WOULD LIKE TO RECEIVE THE NEWSLETTER **POSTED/EMAILED** TO THE ABOVE ADDRESS YES/NO | |
| **FOR NEW MEMBER** | |
| SIGNATURE OF PROPOSING MEMBER | |
| OFFICE USE |  |
| RECEIPT NO: |  |
| PAYMENT BY DIRECT DEBIT TO ACCOUNT: BSB 012-865  ACCOUNT NO: 2 3484 5057 |  |
| REFERENCE USED: |  |