# The New South Wales Cichlid Society Inc.

PO BOX 106 LIVERPOOL NSW 1871 www.nswcs.org.au

## Membership Application Form

The NSWCS membership year runs for 1 July to 30 June.

Sydney ☐ Wollongong ☐

Title: _____
Family name: _____
Given name(s): _____

Address: _____
Suburb: _____
Postcode: _____

Phone: _____
Email address: _____

**MEMBERSHIP TYPE** (please mark – X)

Joining Fee (one off): $10.00 ☐

**PLUS ONE OF THE FOLLOWING:**

| | |
|---|---|
| Single Member: | $25.00 ☐ |
| Family Member*: | $35.00 ☐ |
| Junior Member (under 18): | $20.00 ☐ |
| Corresponding Member: | $25.00 ☐ |

**TOTAL MEMBERSHIP FEE: $ _____**

**A Family constitutes a spouse or De-Facto couple, living at the same address and can include children under 18 years of age. All children must commence their own membership once they turn 18.*

NOTE: Replacement membership cards incur a $5 fee

I enclose cheque/money order for $ _____
Signed: _____
Date: _____

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**(Committee use only)**

Membership #: _____
Receipt#: _____