



BATCHELOR MUSEUM DEVELOPMENT ASSOCIATION INC. MEMBERSHIP APPLICATION FORM

I /we wish to apply to join the Batchelor Museum Development Association Inc.

Membership valid to 30 June 2017

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Member 1 - First Name: Surname:

Member 2 - First Name: Surname:

Postal Address:

State: Postcode: Country:

Email Address:

Phone: (Home) (Mobile)

Children as part of Family Membership

First Name: Surname:

First Name: Surname:

Please Tick Membership Category: One Year Individual \$25.00 ☐ One Year Family \$45.00 ☐

Single Life Membership Platinum \$1000.00 ☐ Single Life Membership Gold \$500.00 ☐

Single Life Membership Silver \$250.00 ☐ Life memberships will be noted on our website. I would like to be listed on the membership page of the Batchelor Museum Development Association Inc. website Yes ☐ No ☐

I would like to pay the Life Membership accumulatively over 5 consecutive payments Yes ☐ {You will be contacted and advised details of payment procedure}

Life memberships will be noted on our website or opt out if you wish.

Payments will be receipted as a donation and eligible for tax deduction.

Signed: Date:

☐ I enclose a cheque/money order made payable to Batchelor Museum Development Association Inc.

OR

☐ I have made Payment directly to Batchelor Museum Development Association Inc.

Bank Account Details Account: Batchelor Museum Development Inc.

Bank: Bendigo Bank BSB: 633 000 Account Number: 141 722 124

Note: please add a reference using Member 1. "surname"

YOU WILL ALSO NEED TO PRINT AND SEND THIS FORM COMPLETED TO:

BATCHELOR MUSEUM DEVELOPMENT ASSOCIATION INC. PO BOX 954 DARWIN 0801

MEMBERSHIP APPLICATION PROPOSER AND SECONDER WILL BE PROVIDED BY THE COMMITTEE

Batchelor Museum Development Association Inc.

admin@batchelormuseum.org.au

PO Box 954 Darwin NT 0801

ABN: 16 828 983 969