



Incorporating

**THE WOLGAN VALLEY RAILWAY**

ABN: 96 139 641 108

P.O. Box 1, Lithgow, NSW 2790, Australia / Fax: 02 6355 2954

**MEMBERSHIP APPLICATION**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

1. I hereby apply to be admitted as a member of the Zig Zag Railway Co-op Ltd. and to be allocated \_\_\_\_\_ shares therein. (Minimum 3 shares)

2. If this application be approved and the shares as aforesaid be allotted to me, I agree to pay all charges required by the Society, a list of which charges has been supplied to me below, and I agree to be bound by the rules of the Society and by any alteration thereof registered in accordance with the Co-operatives Act 1992.

3. \* I am over the age of eighteen years or \* I am under the age of eighteen years  
 having been born on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
 \* Strike out the words which are not applicable

**Fee Total**

<b>3 Shares at \$1.00 each:</b>	<b>\$3.00</b>	_____
<b>Adult:</b> .....	<b>\$40.00</b>	_____
<b>Dependent Child</b> - same address as an adult member.....	<b>\$12.00</b>	_____
<b>Youth</b> , under 18, no adult member at same address.....	<b>\$30.00</b>	_____
<b>Donation:</b> .....(There is no GST on donations)		_____
	<b>Total:</b>	_____

**Applicant's Signature:** \_\_\_\_\_

**Witness' Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

The rules of the Co-op together with a copy of the last annual report are available for inspection by prospective members at the registered office.

Payment may be made by cash, cheque, money order, or credit card (Complete details below).

Name: \_\_\_\_\_

Type of Card: Mastercard: \_\_\_\_\_ Visa: \_\_\_\_\_

Card Number:: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CCV (security No.): \_\_\_\_\_

Signature: \_\_\_\_\_