



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

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

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: _____