



Cooma Monaro Railway Inc.

ABN: 36 099 195 071

MEMBERSHIP APPLICATION AND RENEWAL FORM

PLEASE COMPLETE AS APPROPRIATE IN BLOCK LETTERS and return to:

Cooma Monaro Railway Inc
PO Box 1327
Cooma NSW 2630

I/We hereby apply for/to renew my/our membership of Cooma Monaro Railway Inc. and I/we agree to be bound by the rules of Cooma Monaro Railway Inc.

Membership Number: _____ **Joined:** _____

Title: _____

Given name/s: _____

Surname: _____

Home Address: _____

Postcode: _____

Postal address: _____

(if different from home address)

Postcode: _____

Email address: _____

Telephone number/s: (H) _____ (W) _____ (M) _____

Applicant & Family Members (signature not required for those under 18)

Name	Signature	Date of Birth

Membership Rates and Options

Family (2 adults & children under age 18)	\$65	\$ _____
Single	\$40	\$ _____
Pensioner/Student (Concession)	\$25	\$ _____

Donations (Donations of \$2 or more are tax deductible)

\$ _____

Total Payment Enclosed (including GST)

\$ _____

Please use one of the options on the next page to forward your payment

Cooma Monaro Railway Inc

Payment Options

Membership fees may be paid with cash, cheque, money order or direct debit.

I am paying \$..... by:

Cash

Cheque/Money Order

Direct Debit

If paying by direct debit, please use your membership number (as seen on page one) as a reference. Direct debit details are:

ANZ – Cooma Monaro Railway Inc.
BSB 012 575
Account 224 916 835

If paying by direct debit, please feel free to scan and email your completed renewal form to membership.officer@cmrailway.org.au, instead of posting.

Privacy Policy

The Cooma Monaro Railway Incorporated (CMR) respects the privacy of the individuals it deals with in a range of capacities, and complies with the Privacy Act 1988. Consistent with this, CMR will not disclose personal information relating to its members to third parties except in order to facilitate the provision of services to those members or as otherwise required by law, but may provide such information to its operational staff in order to facilitate the management and operations of CMR, or to other agencies as required for accreditation, insurance, or other relevant operational requirements. Members may arrange to access their personal information held by CMR by contact the Public Officer.

I agree to CMR using my email address to send newsletters and notices from time to time.

Signed: _____ Date: ____ / ____ /20____

Interests: CMR appreciates the voluntary efforts of its members and hopes you will assist by volunteering in your area of qualification or interest. Please list your qualifications and area/s or interest below:

Office Use Only

Date Received	
Members register updated	
Payment banked – receipt number	
Committee approval	
File Created	