

# THE CANBERRA SOCIETY OF MODEL EXPERIMENTAL ENGINEERS INC.

P.O. BOX 4462, KINGSTON, ACT, 2604

## MEMBERSHIP APPLICATION FORM

I, .....  
(Title) (Surname) (Given Names)

of, ..... Occupation: .....

..... Phone: (Home) .....

Suburb: ..... Phone: (Work) .....

State ..... Postcode: ..... Mobile: . .....

Email: .....

hereby apply to become a member of The Canberra Society of Model and Experimental Engineers INC.  
I agree to be bound by the Rules of the Club. Furthermore I understand that should I fail to pay my annual membership fees as and when they are due, my membership will cease.

### Membership Fees are:

	New		Renewal	
Ordinary Membership	\$ 100.00	<input type="checkbox"/>	\$ 80.00	<input type="checkbox"/>
Family Membership **	\$120.00	<input type="checkbox"/>	\$ 100.00	<input type="checkbox"/>
Junior Membership	\$ 50.00	<input type="checkbox"/>	\$ 30.00	<input type="checkbox"/>

\*\* Family membership includes principal member and one additional family member. Extra family members please add \$25.00 per member

Family Membership Only Nominated Voting Member .....

Names of Family members in membership: 1. . .....

2. .... 3. ....

4. .... 5. ....

My skills/interests are: Railways  Boats  Clocks   
Stationary Steam Engines  Traction Engines  Workshop Machinery

Are you interested in assisting the Society by using your former or current skills: YES/NO

Are you interested in assisting with the operation of the Miniature Railway: YES/NO

I consent to my contact details being distributed to fellow club members: YES/NO

Signature: ..... Date: .... / ... / ...

Nominated by: ..... (Please Print) Seconded by: ..... (Please Print)

..... (Signature) ..... (Signature)

On completion please return to The Secretary in person or to the above Postal address

### Office Use Only

Date Received: \_\_\_/\_\_\_/\_\_\_ Application Recommended YES/NO

Membership No: \_\_\_\_\_ Signature ... .. Date \_\_\_/\_\_\_/\_\_\_

AALS Insurance No: \_\_\_\_\_ (President)

Receipt No: \_\_\_\_\_