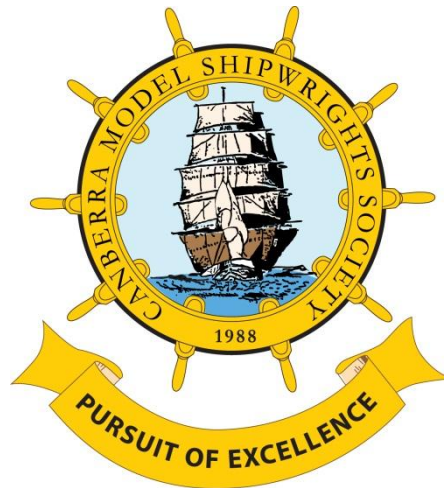


# CANBERRA MODEL SHIPWRIGHTS SOCIETY Inc



## APPLICATION FOR MEMBERSHIP

I, ..... Partner's first name.....  
(Name in block letters)

Of.....  
.....  
(Please print home address)

Telephone: Home: ....., Mobile: ....., Fax: .....

Are you happy for your phone/fax/email to be published to members other than the Committee: Yes/No

Email: .....

Are you happy to receive your copy of the Society Newsletter by email? Yes/No

Being at least 18 years of age, I hereby apply for membership of the Canberra Model Shipwrights Society Inc and, if accepted, agree to be bound by the Society's constitution and by any by-laws currently in force.

Current annual fees are in \$A:

Local members	\$30
Local member couples	\$45
Country members	\$15
Country member couples	\$22.50

Fees are due annually following the Annual General Meeting in April.

Dated..... Signature.....

Please mail to the Secretary, Canberra Model Shipwrights Society, PO Box 158, Fyshwick ACT