



# Beaumaris Conservation Society Inc.

A0034887B Victoria  
ABN 82 104 322 096

PO Box 7016 BEAUMARIS VIC 3193  
T 9589 1802 M 0429 176 725

[www.bcs.asn.au](http://www.bcs.asn.au)

Please email completed form to [info@bcs.asn.au](mailto:info@bcs.asn.au), or post it with cheque to the address above.

## MEMBERSHIP APPLICATION

I/we, the undersigned, apply for membership of Beaumaris Conservation Society Inc, agree to be bound by the BCS Inc. Rules at [www.bcs.asn.au/m8\\_const.htm](http://www.bcs.asn.au/m8_const.htm) (\*Financial year is 1st July to 30th June), and pay as detailed by the preferred method - of electronic funds transfer - at [www.bcs.asn.au/joining\\_bcs\\_inc.html](http://www.bcs.asn.au/joining_bcs_inc.html), or by cheque.

Please tick only one box on each row.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> <b>New</b>                             | <input type="checkbox"/> <b>Current or Renewal</b>          | <input type="checkbox"/> <b>Lapsed or Rejoining</b>              |   |
| <input type="checkbox"/> <b>Individual</b><br>\$10.00 per year* | <input type="checkbox"/> <b>Family</b><br>\$15.00 per year* | <input type="checkbox"/> <b>Member Body</b><br>\$25.00 per year* | <input type="checkbox"/> <b>Life Member</b><br>\$200.00 Once only |

TITLE ..... GIVEN NAME ..... SURNAME .....

PLEASE PROVIDE TWO (2) PERSONS IF A FAMILY MEMBERSHIP

ADDRESS ..... POSTCODE .....

PHONE (HOME OR WORK) ..... (MOBILE) .....

EMAIL .....

SIGNATURE (IF POSTED OR SCANNED) ..... DATE ..... / ..... / 2017



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