



Loxton Agricultural & Horticultural Society Inc

PO Box 187
LOXTON SA 5333



"Find us on Loxton Show"

Mobile: 0497 147 890
Email address: info@loxtonshow.org.au
www.loxtonshow.org.au

MEMBERSHIP APPLICATION

- I hereby give notice that I would like to become a member of the Loxton Agricultural and Horticultural Society Inc
- As a member, I understand that I am entitled to a full membership tickets—each ticket allows for 4 Adults and 6 children (5—15 years) to attend the Annual Show on the October Long Weekend.
- I also hold voting rights at the AGM—held in March each year
- Membership is valid for the calendar year and tickets will be mailed in August of each year **after payment for them has been received.**

MEMBER'S DETAILS

SURNAME.....

First Name.....

Title DR Mr Mrs Miss MS (please circle)

Company/Organisation (if Applicable).....

CONTACT DETAILS

Postal address

..... P/Code

PHONE

EMAIL.....

- I HAVE HELD MEMBERSHIP FOR YEARS
- I PARTICIPATE IN THE SECTION (S)

PAYMENT DETAILS

- \$35.00 FOR THE PURCHASE OF 1 FULL MEMBERSHIP FOR THE LOXTON SHOW
- \$20.00 for single membership

Please Payments can be made by Cash/Cheque/ Money order or Direct Debit or Deliver to GIA Insurance (opposite Loxton Post Office)

Details for Direct Debit: ANZ Bank BSB: 015 625 Account: 6570 10692

Reference name:.....

SIGNATURE.....DATE.....

OFFICE USE ONLY

DATE RECEIPTEDRECEIPT NUMBER

MEMBERSHIP TICKETS ISSUED DATE ISSUEDCOLLECTED/POSTED