

# AUSTRALIAN MECHANICAL ORGAN SOCIETY

Inc.

~AMOS~

ABN 51 312 657 041



Return to: **Membership Treasurer – Des Lang**

**16 Carmichael Rd**

**Phone 03 9543 4994**

**EAST OAKLEIGH, Vic. 3166**

## MEMBERSHIP APPLICATION - 1<sup>st</sup> July, 20\_\_ / 30<sup>th</sup> June, 20\_\_

**Please note:** For eligibility to vote and participate in any of the Society's events, functions and privileges you must complete this form to remain a financial member. The committee reserves the right to refuse membership without disclosing any reason for its decision.

**Membership Category – Please tick the appropriate category.**

.....MEMBER – Fee \$40 PLUS .....ASSOCIATE – Fee \$20

(An associate member is a second member at the same address)

**National Historical Machinery Assn. Insurance is COMPULSORY and is included in these fees. For insurance purposes please indicate if you or your associate are over the age of 80yrs as we have to notify the insurance company, but you are still covered for Public Liability Insurance.**

YES / NO

**SURNAME (Mr/Mrs/Ms).....**

**FIRST NAME.....**

**ASSOCIATE.....**

I wish to join or renew my Membership of the Australian Mechanical Organ Society Inc. (AMOS) for the year ending 30<sup>th</sup> June, 20\_\_. Payment may be made by cheque or by direct deposit to Bendigo Bank (BSB No. 633-000, A/c No.122304983). **PLEASE MAKE SURE YOU PUT YOUR NAME AS THE REFERENCE WHEN DOING A DIRECT DEPOSIT TO THE BANK OR WE WON'T KNOW WHERE THE MONEY CAME FROM.**

**ALSO THIS FORM MUST BE SENT TO DES LANG BY AUSTRALIA POST DULY FILLED IN.**

Enclosed is my cheque/money order for \$..... or, I have sent a direct deposit of \$.....to the Bendigo Bank

Signed.....Date...../.....20\_\_

**Please complete below:**

**ADDRESS.....**

.....**POSTCODE.....**

**HOME PHONE .....B/H or MOBILE.....**

**EMAIL.....**