M: 0413 872 2 [,] PO Box 86 <u>Membershi</u>	86, ARMIDALE, NSW, 2350 ABN: 72 697 659 558 ship entitles you to a two-day pass to the annual Armidale Show, intries in the Pavilion and associated events & voting rights at the <u>AGM and monthly meetings.</u>			
Address:				
Mobile:		Email:		
I hereby apply for membership of the Armidale & New England Show Society and agree to be bound by the rules and conditions outlined in the Society's Constitution:				
Single Membership		Anyone over 17 years		\$15
Junior Membership		Anyone aged 4 to 17 years		\$6
Family Membership		2 adults and 3 children aged 5-17 *additional Children \$2*		\$30
Car Space		Car Rego number:		\$30
				Total: \$
Please outline below what areas/sections you would like to be involved in, and any areas of expertise that you can bring to the Society by being a member:				
This is a new APPLICATION T			s is a RENEWAL	(Please circle)
I would like my correspondence via			EMAIL or POST	(Please circle)
Signature: Date:				
Please return this form with payment to:Cash or Cheque:The SecretaryPayable to Armidale & New England Show Society IncArmidale & New England Show Society IncPO Box 86Armidale NSW 2350Acc Name: Armidale & New England Show Society @ outlook.comOr via email armidaleshowsociety @ outlook.comAcc #: 635 412Please use your name as a referencePlease use your name as a reference				ew England Show Society