



# MEMBERSHIP RENEWAL

MEMBERSHIP YEAR 1 APRIL 2017 to 31 MARCH 2018

ROYAL ADELAIDE SHOW 1 to 10 SEPTEMBER 2017

This form will become a Tax Invoice on full payment

Adelaide Showground  
PO Box 108, GOODWOOD  
SOUTH AUSTRALIA 5034  
Membership Ph: 08 8210 5252  
Switchboard Ph: 08 8210 5211  
ABN: 68 531 710 498

## HOW TO APPLY

- Confirm online at [www.rahs.com.au](http://www.rahs.com.au). See reverse for instructions. **OR** Post form to Membership Officer, PO Box 108 Goodwood SA 5034 **OR** deliver to Adelaide Showground, Secretary's Office, Rose Terrace Entrance, Wayville SA.
- Faxed or emailed form will be accepted to 08 8210 5222 or [membership@adelaideshowground.com.au](mailto:membership@adelaideshowground.com.au)

## MEMBER DETAILS - Use a separate form for each individual membership

MEMBER NO: \_\_\_\_\_

TITLE: \_\_\_\_\_ GIVEN NAME/S: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: MALE / FEMALE

BUSINESS NAME (IF NOMINATED REPRESENTATIVE OF REGISTERED BUSINESS): \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## ARCHIVES FOUNDATION AND EDUCATION FOUNDATION SCHOLARSHIP FUND DONATIONS

### DONATIONS ARE FULLY TAX DEDUCTIBLE

- I WOULD LIKE TO HELP THE SOCIETY MAINTAIN ITS HISTORIC RECORDS \$
- AND/OR**
- I WOULD LIKE TO CONTRIBUTE TO THE EDUCATION SCHOLARSHIP FUND \$

## MEMBERSHIP REQUIREMENTS

|   |  |           |    |
|---|--|-----------|----|
| <b>ANNUAL MEMBERSHIP</b>  | One Year   | \$156.00  | \$ |
| Pack Includes: One <b>non-transferable</b> Member's card  | <b>OR</b>  |           |    |
| One transferable Member's guest pass  | <b>Three Years</b>                                 | \$450.00  | \$ |
| <b>LIFE MEMBERSHIP UPGRADE</b> (Must be a natural person. If under 18 years Life Member is not eligible to vote. Normally \$2150) |  |           |    |
| Pack Includes: One <b>non-transferable</b> Life Member's card   | <i>Life Member Upgrade for prior yearly Member</i> | \$2000.00 | \$ |
| One transferable Member's guest pass  |  |           |    |
| <b>JUNIOR MEMBERSHIP</b> (Available to those under the age of 18 years at 1 January 2017)   |  |           |    |
| Pack Includes: One Junior Member card   |  | \$53.00   | \$ |
| Name (in full): _____   | Date of Birth: _____                               |           |    |
| Name (in full): _____   | Date of Birth: _____                               |           |    |

## EXTRA ROYAL SHOW PASSES

|  |   |                          |              |           |
|--|---|--------------------------|--------------|-----------|
| <b>Members 10 day guest pass</b>                   | Adult (limit of One)                                | <input type="checkbox"/> | @ \$75.00 ea | \$        |
|  | Child aged 5 years to under 15 years (limit of two) | <input type="checkbox"/> | @ \$46.50 ea | \$        |
| <b>Single day (any day) general admission pass</b> | Adult   | <input type="checkbox"/> | @ \$20.50ea  | \$        |
|  | Child   | <input type="checkbox"/> | @ \$13.50ea  | \$        |
| <b>TOTAL (GST free)</b>                            |   |                          |              | <b>\$</b> |

**ANY MEMBERSHIP OR PASSES PURCHASED AFTER FRIDAY 11 AUGUST 2017 MUST BE COLLECTED FROM THE SECRETARY'S OFFICE**

## PAYMENT DETAILS

OFFICE USE ONLY RECEIPT NO: \_\_\_\_\_

METHOD OF PAYMENT:  Cash  Cheque  Money Order  Credit Card

TYPE OF CARD:  VISA  Mastercard  Amex/Diners (3.5% fee applies)

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CARD NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_