



Jamestown A. H. & F. Society Inc - MEMBERSHIP AND ENTRY FORM

MEMBER/S INFORMATION <small>Please ensure all details are printed clearly and correctly</small>		
Main contact	Additional Names	
First Name:	Adult 2:	
Surname:	Child	
Email:	Child	
Phone:	Child	
Postal Address		
Signature: _____ Date: _____		
Membership entitles the right to vote at the AGM on the 3rd Wednesday in March These Memberships are only available prior to Show Day		
MEMBERSHIP TYPE <small>(Please tick selection)</small>		
<input type="checkbox"/> \$45 Membership	2 Adults, 3 Children (Under 16yrs), 1 Vehicle, Show Book	\$
<input type="checkbox"/> \$30 Membership	2 Adult, 1 Vehicle, Show Book	\$
\$ _____	Donation/Prizemoney/Sponsorship	\$
TOTAL		\$
Form to be returned to: Email: treasurer@jamestownshow.com.au Post: PO Box 188, Jamestown SA 5491 Refer to the website http://jamestownshow.com.au and the 2024 Show Book for further information and additional forms required for each section and prizemoney		

PAYMENT INFORMATION

PAYMENT BY EFT:

(If you wish to pay via EFT please use reference: MEM (SURNAME, Initial) e.g MEM SPARKS S)
 BSB: 085 645 Account Number: 186 725 930
 Account Name: Jamestown A, H & F Show Soc Inc

PAYMENT BY CREDIT CARD: a card fees will be charged.

CARD NUMBER: _____

NAME ON CARD:

EXPIRY DATE DD/YY: __ __ / __ __

CVC: __ __ __

EXHIBIT DETAILS – ONE ENTRY PER LINE

SECTION	CLASS NO	DESCRIPTION OF EXHIBIT	ENTRY FEE	Pen No (Secretary use Only)
(Please attach additional sheet if required			TOTAL ENTRY FEE PAYABLE	\$
Nasa aggregate				
Junior	YES <input type="checkbox"/>			
Senior	NO <input type="checkbox"/>			
Office Use Only				
<input type="checkbox"/>	Payment Received			
<input type="checkbox"/>	Membership registered			
<input type="checkbox"/>	Show day online Membership			