



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

MEMBER/S INFORMATION Please ensure all details are printed clearly and correctly		
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 (Please tick selection)		
<input type="checkbox"/> \$40 Membership	2 Adults, 3 Children (Under 16yrs), 1 Vehicle	\$
<input type="checkbox"/> \$25 Membership	2 Adult, 1 Vehicle	\$
<input type="checkbox"/> \$5	Show Book	\$
\$ _____	Donation/Prizemoney/Sponsorship	\$
TOTAL		\$
<b>Form to be returned to:</b> Email: <a href="mailto:treasurer@jamestownshow.com.au">treasurer@jamestownshow.com.au</a> Post: PO Box 188, Jamestown SA 5491 Refer to the website <a href="http://jamestownshow.com.au">http://jamestownshow.com.au</a> and the 2025 Show Book for further information and additional forms required for each section and prizemoney		

### PAYMENT INFORMATION

#### PAYMENT BY EFT:

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(If you wish to pay via EFT please use reference: MEM (SURNAME, Initial) e.g MEM SPARKS S)

BSB: 105 016 Account Number: 039839840

Account Name: Jamestown A, H & F Show Soc Inc

#### PAYMENT BY CREDIT CARD:

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a card fees will be charged.

CARD NUMBER: \_\_\_\_\_

NAME ON CARD: .....

EXPIRY DATE DD/YY: \_\_\_\_/\_\_\_\_

CVC: \_\_\_\_

## EXHIBIT DETAILS – ONE ENTRY PER LINE

[illegible]

(Please attach additional sheet if required)	TOTAL ENTRY FEE PAYABLE	\$
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(Please attach additional sheet if required)	TOTAL ENTRY FEE PAYABLE	\$
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Nasa aggregate	
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Junior	YES <input type="checkbox"/>
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Junior	YES <input type="checkbox"/>
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Senior	NO <input type="checkbox"/>
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Senior	NO <input type="checkbox"/>
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Office Use Only

<input type="checkbox"/>	Payment Received
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<input type="checkbox"/>	Payment Received
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<input type="checkbox"/>	Membership registered
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<input type="checkbox"/>	Membership registered
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☐ Show day online Membership

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