



APPLICATION FOR MEMBERSHIP RENEWAL

Postal Address: Gladstone Maritime Museum, PO Box 1802, Gladstone, QLD 4680.

Return by Email to: gmmuseum@tpg.com.au

Personal Details:

Surname: _____ Given Names: _____

Business
Name: _____

Home
Address: _____

Postal
Address: _____

Phone: _____ Work: _____ DOB: (Optional) _____

Mobile: _____ Email: _____

Class of Membership for the *Gladstone Maritime History Society Inc.:*

- | | | | |
|------------------------------------|---------|-------------|-------------|
| <input type="checkbox"/> SINGLE | \$30.00 | Name: _____ | Name: _____ |
| <input type="checkbox"/> FAMILY | \$40.00 | Name: _____ | Name: _____ |
| <input type="checkbox"/> CORPORATE | \$75.00 | Name: _____ | Name: _____ |
| <input type="checkbox"/> VOLUNTEER | FREE | Name: _____ | Name: _____ |

Payment:

Payment Type: ☐ Cash ☐ Cheque ☐ Electronic Funds

Signature of Applicant: _____ Date: _____

Electronic/Online Payment Details:

Bank Name:	BENDIGO	Branch BSB:	633-000
Account Name:	Gladstone Maritime Museum	Account:	168914398

If you pay electronically, PLEASE use your Surname as the reference.

Office Use Only

Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Membership Register Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	_____
		Signature:	_____