**APPLICATION FOR MEMBERSHIP OF AN INCORPORATED ASSOCIATION** – model rule **5**

**Carnarvon Space and Technology Museum Inc**

**Applicant Details:**

**Name**……………………………………………………………………………………………………………….

**Address**……………………………………………………………………………………………………………

**Phone**………………………………………………………………………………………………………………

**Email**………………………………………………………………………………………………………………..

**Membership Type** (please tick): **Single** ($25 per year) 🞏  **Family** ($40 per year) 🞏

**\*\* Membership due 1st November annually\*\*\***

Family Member names: Adult 1: ………………………………………………… Adult 2: …………………………………………………

Child 1: ………………………………………… Child 2: …………………………………… Child 3: ……………………………………..

**Declaration:**

If my application is accepted, I agree to be bound by the rules of the Association.

**Signature**…………………………………………………. **Date**…………………………………

---------------------------------------------***Applicants to detach and keep***-------------------------------------------------

**Please make membership payment to:**

**Carnarvon Space and Technology Museum**

**BSB: 066168**

**Account no: 10245347**

**State your “Name” and the word “Membership” in the description.**

**Membership applications will be presented at the next committee meeting after payment is received. If membership application is not successful, a full refund will be applied.**

**INFORMATION FOR APPLICANTS**

* **Your annual membership includes free entry to the museum, as many times per year as you wish, PLUS 15% discount on items you purchase in our shop, and 15% discount on museum special event tickets for events held in the current membership year.**
* If your application is accepted, your name and address, as provided above, must be recorded in a register of members, and made available to other members upon request to the secretary under section 13(4) of the Carnarvon Space & Technology Museum Constitution.
* If the obligations under the Associations Incorporation Act are not complied with, the Association can be dissolved.
* Annual Membership fees: $25 per single, $40 per family (2 adults & 3 children)
* Membership does not commence until the membership fee is paid and the application is accepted at the next committee meeting.
* You can contact the Association at PO Box 194, Carnarvon, WA 6701, (08) 9941 9901 or email secretary@carnarvonmuseum.org.au
* You can access or correct personal information (your name and address) by contacting the association as indicated above.

**OTHER INFORMATION**

If the application for membership is rejected by the committee: under the association’s rule 6(7), committee will notify the applicant accordingly, and is not required to provide its reasons for rejecting the application.

A copy of the association’s constitution is available on the museum website.