

Pittsworth Show Society Inc.

Established 1901

ABN: 25 361 214 043

P.O. Box 6, Pittsworth Qld 4356

Email: secretary@pittsworthshow.com.au

Phone: 0488 054 416

2026 Pittsworth Show **Renewal / Application Membership Form**

Membership valid from 1st January - 31st December

Names of the	Adult/s taking (out membership	p:				
Postal Addres	s:						
Suburb:		Postcod	de: I	Phone Number:			
Email:							
Signature of Adult 1				Signature of Adult 2			
Children/s nar	mes in your imn	nediate family ι	up to 18 years o	overed by this i	membership.		
	ox/es applicable to					T 1	
0 – 5 years	6 – 17 years	18 – 25 years	26 – 35 years	36 – 40 years	41 – 59 years	60 + years	
Information is us	ed for reporting p	urposes to QLD A	lg Shows			<u> </u>	
FAMILY MEME	<u>membership tyr</u> BERSHIP (2 Adults T / SINGLE FAMII	+ immediate childr		iate children up to	18 years)	5 \$40.00 5 \$20.00 6 \$10.00	
	ership application les. Applications,	along with payme		rived by 31st Janu		h Show Society ered for approval	
Forms of payment: Direct Deposit – include a copy of bank receipt Cash (in Person) EFTPOS (in Person)			eipt H B A	irect Deposit Deto eritage bank: SB: ccount Number: eference:	Pittsworth 638-070 126 565 3	Pittsworth Show Society Inc 638-070 126 565 34 MEMBERSHIP & Name	

Return this form with payment via: Email to secretary@pittsworthshow.com.au

Post to P.O. Box 6, Pittsworth Qld 4356

Membership enables free entry to the show and allows for nomination to management committee, enabling the right to vote at general meetings and to nominate a fellow member to the management committee.

Office Use Only

Application Received:	Payment Received:	
Membership Number/s:	Membership Card/s dispatched:	