



## Membership Application

WGR F 054

Name: Mr/Mrs/Ms \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Postcode \_\_\_\_\_ State: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ *Membership of other relevant organisations* \_\_\_\_\_

**Circle one :** *I am a current volunteer of WGR*    *I would like information about volunteering at WGR*

**Please  areas of special interest/experience in which you are willing to assist:**

- |   |                                      |  |                                       |   |
|---|--------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Administration           | <input type="checkbox"/> Electrical  | <input type="checkbox"/> First Aid       | <input type="checkbox"/> Marketing    | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Construction/maintenance | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Mechanical Eng. | <input type="checkbox"/> Track Work   | <input type="checkbox"/> Rail Trail       |
| <input type="checkbox"/> Training                 | <input type="checkbox"/> Transport   | <input type="checkbox"/> Train Crew      | <input type="checkbox"/> Station Crew | <input type="checkbox"/> Functions/events |

**Privacy information**

- I do NOT wish other members to access my details     I allow other members to access my details

Once the application has been approved by the Board you agree to be bound by the WGR Constitution, By laws and Code of Conduct of the Walhalla Goldfields Railway

Signature  ..... Date of Application .....

Members receive limited free travel on the W.G.R, W.G.R.'s newsletters, discounts on souvenirs, etc.

**MEMBERSHIP FEES**

If you join between 1 July and 31 Dec.    If you join between 1 Jan. and 30 June ( 60% of Annual Fee )

Corporate	\$105.00	_____	Corporate	\$63.00	_____	
Individuals	\$50.00	_____	Individual	\$30.00	_____	
Families	\$70.00	_____	Families	\$42.00	_____	
Concession	\$35.00	_____	Concession	\$21.00	_____	<input type="checkbox"/> Health Care Card <input type="checkbox"/> Seniors <input type="checkbox"/> Student F/Time ( over

17 years )  Pension - aged, disability, invalid     DVA War Veteran/War Widows

Card No. of Concession  .....

Junior	\$20.00	_____	Junior	\$12.00	_____
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Donation \_\_\_\_\_    Donations of \$2.00 and above are Tax deductible

Please  the appropriate form of payment:  Cash     Money Order     Cheque ( Please make cheque/money order payable to W.G.R )

Credit Card     Visa     Mastercard    Name on card .....

Card No.                         Expiry date .... / .....

Return this form to: W.G.R, Walhalla Station, Main Road, Walhalla, Vic, 3825

OFFICE USE ONLY

Type of Membership..... Ticket No: ..... Receipt No: ..... Donation No: .....

Board Approved:    /    /    Date of Completion:    /    /