

Nambour & District Historical Museum Assoc Inc
18 Mitchell Street, Nambour
Application for Membership

Full Name : _____

Home Address : _____

Postal Address : _____
(if different)

Telephone/s : _____

Email : _____

Special Interests : _____

I would like to help as a volunteer : Yes / No

I am able to help with : _____

Signature : _____ Date : ____/____/____

Submit completed application plus \$10.00 financial year subscription as follows:-

Nambour & District Historical Museum Assoc Inc
P O Box 5084 SCMC, Nambour Qld 4560
(or)

Email : nambourmuseum@yahoo.com.au

Please use your online banking (if possible) and make payment to
Nambour Museum - BSB 484-799 - Account Number 450643599
Payment Reference > Insert your Surname

Once paid, please enter the receipt number supplied by the bank
into the field below and submit the application

Reference Number : _____