



## MEMBERSHIP APPLICATION FORM

I hereby apply for membership of Hastings Gateway Limited

(Please circle) Mr / Mrs / Ms / Dr, / Other \_\_\_\_\_

Last Name : \_\_\_\_\_

Given Name : \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email : \_\_\_\_\_

Occupation : \_\_\_\_\_

MEMBERSHIP FEE  1 Year (\$5)  2 Years (\$10)

METHOD OF PAYMENT  Cash  Cheque  Credit Card

Credit Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby agree to abide by the Constitution and By-Laws of Hastings Gateway Limited

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

**NOTE:** (1) The submission of the application does not constitute an automatic right of approval of membership.

*As a member, you are invited to indicate your areas of interest and/or expertise by ticking the following boxes:*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Building Committee     | <input type="checkbox"/> Garden Club        | <input type="checkbox"/> Visitor Information Centre / Bookstore |
| <input type="checkbox"/> Gateway Reception      | <input type="checkbox"/> Gateway Operations | <input type="checkbox"/> Henry Kendall Timber Exhibition        |
| <input type="checkbox"/> Events Programming     | <input type="checkbox"/> Marketing & Media  | <input type="checkbox"/> Youth & Education                      |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Administration     | <input type="checkbox"/> Other _____                            |

*Please send this Application to: Hastings Gateway Limited P O Box 52 Wauchope 2446*

### OFFICE USE ONLY

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Approved \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Membership No \_\_\_\_\_ Date Notified \_\_\_\_ / \_\_\_\_ / \_\_\_\_