

MEMBERSHIP APPLICATION FORM (2023-2024)



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 : _____

TYPE OF MEMBERSHIP

- | | | |
|--|--|--|
| <input type="checkbox"/> Ordinary (\$20) – 1 year | <input type="checkbox"/> Senior (\$10)- 1 year | <input type="checkbox"/> Family (\$30) – 1 year |
| <input type="checkbox"/> Ordinary (\$50) - 3 years | <input type="checkbox"/> Senior (\$25) - 3 years | <input type="checkbox"/> Family (\$75) - 3 years |

METHOD OF PAYMENT Cash Cheque Bank Transfer (BSB 932 000- Acc 141457)

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

Date ____ / ____ / ____ Signature _____

NOTE: (1) A copy of Hastings Gateway Limited Constitution, together with the most recent Annual Report, may be inspected by members and prospective members at Hastings Gateway Limited registered office.

(2) The submission of the application does not constitute an automatic right of approval of membership.

As a member, you are invited to participate in the planning and operations within any Gateway area. Please indicate below any area where you would like to participate:

- | | | |
|---|---|---|
| <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 PO Box 52 Wauchope 2446

or email it to: hastingsgateway@gmail.com

OFFICE USE ONLY

Date Received ____ / ____ / ____ Date Approved ____ / ____ / ____

Membership No _____ Date Notified ____ / ____ / ____

Hastings Gateway Limited ABN 16 606 705 622
Tel: Web Site: www.hastingsgateway.com

PO Box 52, Wauchope NSW 2446
59 Randall Street, Wauchope NSW 2446