 **Membership Application**

Cominos House Greenslopes St Edge Hill Cairns [**www.cpsinc.org.au**](http://www.cpsinc.org.au)ABN: 89340928706

**Renewal 2017 /2018**

RENEW MEMBER/S: NEW MEMBERSHIP/S:

|  |  |
| --- | --- |
| One Member **PLEASE PRINT CLEARLY** | Two Members |
| Preferred title. Mr Mrs Miss Ms  First Name:  Surname: | Preferred title. Mr Mrs Miss Ms  First Name:    Surname: |
| Address  Phone No or Mobile    DOB: / / | Address:  Phone No or Mobile  DOB: / / |
| TICK to have news items emailed | TICK to have news items emailed |
| Email address: | Email address: |

**Camera Name** DSLR or Compact

**TYPE OF MEMBERSHIP** (please tick relevant box)

**Single $55** Family of 2 $75

Single – Pensioner $50 Pensioner Family of 2 $60

Junior $20 Each Additional Family Member $30

Signature Date

**How to make payment:**   
**Email copy of form** to [***treasurer@cpsinc.org.au***](mailto:treasurer@cpsinc.org.au)  
**Direct Deposit:** Cairns Penny Bank **BSB:** 704966 **A/c Number:** 1000 02973

**PLEASE ensure your FULL NAME is included in Transaction Details & Email** [***treasurer@cpsinc.org.au***](mailto:treasurer@cpsinc.org.au)

**OFFICE USE ONLY**

New Member: Nominated by: …………………………………………… Seconded by: ………………………………………….............

Receipt No:  Amount Received:  Membership No:

Date:  Email List  Name Badge  Welcome Letter 