



Membership Application

2020 /2021

RENEW MEMBER/S: ☐

NEW MEMBERSHIP/S: ☐

One Member	PLEASE PRINT CLEARLY	Two Members
Preferred title. Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Preferred title. Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
First Name: <input type="text"/>		First Name: <input type="text"/>
Surname: <input type="text"/>		Surname: <input type="text"/>
Address <input type="text"/>		Address: <input type="text"/>
<input type="text"/>		<input type="text"/>
DOB: (Year optional) / /		DOB: (Year optional) / /
Phone No or		Phone No or
Mobile <input type="text"/>		Mobile <input type="text"/>
TICK to have news items emailed <input type="checkbox"/>		TICK to have news items emailed <input type="checkbox"/>
Email address: <input type="text"/>		Email address: <input type="text"/>

Camera Name

DSLR/Mirrorless

☐

or

Compact

☐

TYPE OF MEMBERSHIP (please tick relevant box)

Single \$62 ☐

Family of 2 \$95 ☐

Social Member \$10 ☐

Signature

Date

How to make payment:

Email copy of form to 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

OFFICE USE ONLY

New Member: Nominated by: Seconded by:

Receipt No: Amount Received: Membership No:

Date: Email List ☐ Name Badge ☐ Welcome Letter ☐