



Canberra Railway Museum
2 Geijera Place, Kingston ACT 2604
(mailing address PO Box 445, Fyshwick ACT 2609)

On the Web at:
www.canberrarail.org.au

I hereby apply to become a member of:

- Capital Region Heritage Rail Limited (ABN 99 625 904 663) and
- ACT Heritage Rail Holdings Limited (ABN 91 625 924 627)

and agree to:

- Support the objectives of the companies and
- Be bound by the Constitution and By-laws of the companies and
- Abide by the Code of Conduct of the Museum.

PLEASE COMPLETE AS APPROPRIATE IN BLOCK LETTERS

Surname / Family Name:

Given Names

Title (Mr/ Mrs/ Ms/ etc)..... Preferred Name:

Home address:

..... Postcode:

Contact Phone: (Landline): (Mobile):

Email address for notices and newsletter:

Please post all newsletter – I have paid the applicable surcharge.

Occupation / Qualifications:

.....
(If Retired, please show pre-retirement occupation and qualifications)

CRM needs and values the volunteer efforts of its members. Please briefly outline what skills or experience you will bring to the Museum and what areas you will assist in?

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.....

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Are you a member of any other Heritage Organization (rail or otherwise)? If yes, please list:

.....

.....

Signature of Applicant:

Date: / /

The Canberra Railway Museum respects the privacy of the individuals it deals with and complies with the Privacy Act 1988. Consistent with this, we will not disclose our members personal information to third parties except to facilitate the provision of services to those members or as otherwise required by law but may provide such information to our operational people to facilitate the management and operations of the Museum, or to other agencies as required for accreditation, insurance, or other relevant requirements. Members may arrange to access their personal information by contacting the Secretary.

Membership Classes and Rates (GST inclusive, where applicable)

Membership Year: to 30 June 2019

Please tick applicable membership class:

Membership Class	Rate	Amount Paid
<input type="checkbox"/> Ordinary Member – Adult (voting):	See Table below	
<input type="checkbox"/> Ordinary Member - Adult – Concessional Rate (voting) <i>(applies to holders of Pensioner Concession Cards only)</i> Please record pension card number		
<input type="checkbox"/> Ordinary Member – Junior (non-voting) - Date of birth/...../..... <i>(applies to persons under 18 years of age)</i>		
<input type="checkbox"/> Corporate Member – (non-voting) <i>(applies to an incorporated entity)</i>		
TOTAL MEMBERSHIP PAYABLE	(1)	\$
Donation to Capital Region Heritage Rail Ltd Gift Fund <i>For the maintenance and development of the Canberra Railway Museum facility and its operating costs at the discretion of the Board.</i>		\$
TOTAL PAYABLE TO GIFT FUND	(2)	\$
Surcharges:		
- for distribution of notices by post	\$15	
- for payment by debit / credit card *	2% of (1)	
TOTAL SURCHARGES PAYABLE	(3)	\$
TOTAL AMOUNT DUE	(1+2 +3)	\$

* If paying membership by Visa or Mastercard, via our Pay Pal facility, a surcharge of 2% applies

Membership Fees

Join After	Adult & Corporate	Concession	Junior
July 1	\$110.00	\$80.00	\$50.00
October 1	\$82.50	\$60.00	\$37.50
January 1	\$55.00	\$40.00	\$25.00
April 1	\$27.50	\$20.00	\$12.50

Donations Position as at September 2018

We are in the process of applying for Deductible Gift Recipient status to allow donation to be tax deductible by the giver.

Presently, approval is not held but the process is on-going. Therefore, we are not able to issue "Tax Deductible" receipts until ATO approval is received but will acknowledge any donation received in the interim.

Payment Method

I am paying by:

Cash – In person at
Museum work days / meetings
Do not send cash via the mail.

Cheque / Money order
made out to Capital Region
Heritage Rail Limited and mail
with this application.

Direct Credit to Capital
Region Heritage Rail Limited
Bank account at Westpac
Fyshwick ACT:

BSB: 032747

Account No: 272895

**Please show Surname in
Reference panel and attach
receipt to application form.**

Mastercard Visa
(via Pay Pal facility)

Card no: _____

Expiry Date: __ / __

CCV Number on card: ___

Name on card:

**Note: A Surcharge applies
to card payments**

Process Instruction

1. Complete personal and membership class details as shown. **Please consider donating.**
2. Sign the Membership application on page 1.
3. Choose the payment method and make payment.
4. Either post or email completed form to membership officer at the below address.
5. Application will be considered by the Boards of both companies and the result will be advised.

Please mail your completed form with payment to:

Membership Officer
Canberra Railway Museum
PO Box 445,
FYSHWICK ACT 2609

Or Email both sides of the form to:

crmmembership@gmail.com
after making payment by Direct Credit