

Membership Application

Surname:		Given Na	mes:			
<u>Postal</u>						
Address:						
	Suburb:		State:		Pos	stcode:
Work Ph:			Home Ph:			
Email Address:				DOB:	1	1
I				here	by apply	y for membership
of, and agree to abid	e by the objects and rules of	of associa	tion, of New Eng	land Railwa	ay Incoi	rporated.
Signature:						
Date:						
Parent / Guardian Declaration For Junior Members						
I					**Parent	t / Guardian of
						permission for the
abovementioned chi	ld to become a junior mem				, ,	•
applicable.)	J		C	J 1		
Signature:						
Date:						
Are you willing to n	rovide volunteer labour to	the assoc	iation? YES	/ NO		
, ,	y trades, skills or talents yo			/ 110		
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Please send application form and membership fees (Payable to New England Railway Inc) to P.O. Box 66 Glen Innes NSW 2370 OR scan application and send to admin@neri.org.au and direct deposit fees to: Regional Australia Bank BSB 932-000 ACC# 100031487 and reference as 'your name - membership'. Note; membership fees are payable annually.						
		Office U	se Only			
Date Received: /	/ Meeting Date: / /	Nomina	ted By:	Seco	nded By	r:

Membership Fee Paid:

Receipt No:

Joining Fee Paid: