

# Northern Turners Incorporated

## MEMBERSHIP APPLICATION

*The membership year is from 1st July to 30th June. The initial membership fee includes the cost of a membership badge and is calculated on a prorate basis.*

|                          | <i>Full year</i> | <i>3/4 year</i> | <i>1/2 year</i> | <i>1/4 year</i> |
|--------------------------|------------------|-----------------|-----------------|-----------------|
| <b>Full Member Fees</b>  | <b>\$ 60.00</b>  | <b>\$ 52.50</b> | <b>\$45.00</b>  | <b>\$ 37.50</b> |
| <b>Family Membership</b> | <b>\$ 50.00</b>  | <b>\$45.00</b>  | <b>\$40.00</b>  | <b>\$35.00</b>  |

*(For the second and subsequent members of a family living at the same address as a Full Member)*

**Thereafter there is an Annual membership renewal fee of \$30 per full member and \$20 per family member**

**Introductory Membership \$ 7. 50** *(valid for 3 months and non renewable)*

**Dual Membership \$10.0**

*Meeting Fees paid at each general meeting are set at each Annual General Meeting*

**Membership Details :-** Given Name .....Surname .....  
*Print clearly in block letters your Given Name and Surname as you require it printed on your club badge.*

Address .....

..... Postcode .....

Telephone (Home) ..... (Mobile) .....

Email .....

**I agree to my name, partner's name, phone & e-mail address to be distributed to NT members:**

**Type of Membership required:** *Adult Member*  *Family Member*

*Dual Member*  *Please include name of your Affiliated Club:* .....

Occupation Current or Previous: .....

Name of Partner/Spouse for communication purposes:.....

**In case of emergency,** Emergency contact (Name & Phone).....

Please note any Medical Condition which should be known by Club Management in your interest only:

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*As a member of Northern Turners Incorporated, I agree to subscribe to the aims and objectives of the Club as set out in the constitution and abide by all conditions of membership and the clubs bylaws, including the club's code of conduct.*

Signed..... Date .....

***Please return this completed membership application form and payment of fees by cash or cheque ( payable to Northern Turners Inc.) to the Membership Secretary or Treasurer.***

**The Membership Secretary**  
*Dale Starr*  
mailto: [starrd2591@gmail.com](mailto:starrd2591@gmail.com)