



# ILLAWARRA LIGHT RAILWAY MUSEUM SOCIETY LIMITED

A.C.N 001 803 792      A.B.N. 41 001 803 792

*Donations over \$2 Tax Deductible*

STEAM RAILWAY, MUSEUM & REGISTERED OFFICE:

Tongarra Road, Albion Park  
(Open 2<sup>nd</sup> Sunday, each month)

CORRESPONDENCE:

P.O. Box 244

Albion Park NSW 2527

Email: info@ilrms.com.au

CONTACT NUMBERS:

Phone: 02 4256 4627

Fax: 02 4256 0203

Website: www.ilrms.com.au

## APPLICATION FOR MEMBERSHIP

Please tick:  New Membership     Renewal

NAME/S: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

### MEMBERSHIP TYPE AND FEES DUE:

- |                                     |                                |         |
|-------------------------------------|--------------------------------|---------|
| <input type="checkbox"/> ADULT      | 18years +                      | \$25.00 |
| <input type="checkbox"/> FAMILY     | 2 Adults & children 14-18years | \$40.00 |
| <input type="checkbox"/> CONCESSION | Seniors/Pensioner/Student Card | \$15.00 |
| <input type="checkbox"/> JUNIOR     | 14-18 years                    | \$5.00  |

I enclose cash/cheque/money order for: \$ \_\_\_\_\_

Cheques and money orders to be made payable to: ILLAWARRA LIGHT RAILWAY MUSEUM SOCIETY LTD.

I wish to apply for/renew membership of the ILRMS and hereby agree to abide by the Constitution, Articles of Association, Regulations and Working Orders of the Society and any amendments thereto, and any requirements of the ILRMS Safety Management System and related NSW safety legislation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send your completed form together with your remittance to:

**Honorary Treasurer**  
**Illawarra Light Railway Museum Society**  
**P.O. BOX 244**  
**ALBION PARK NSW 2527**

**RENEWALS NOTE:** This form and your remittance must be received by the Honorary Treasurer by 14<sup>th</sup> January.

### MUSEUM USE ONLY

Date fees received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt No.: \_\_\_\_\_ Date Receipt issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Membership Passed; Committee Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_ General Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Membership Card Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership Number: \_\_\_\_\_