**BOUDDI SOCIETY MEMBERSHIP FORM**

By joining the Bouddi Society you support and have a role in local cultural activities,

and assist in raising funds for local causes.   
  
Annual Membership Fees (calendar year) are Joint - $15 and Individual - $10.  
  
Membership fees are payable by cheque or by direct deposit into the Bouddi Society's bank account.  
Bank account details: Bouddi Society Inc.  
                                   BSB: 062 536  
                                   Account No: 1004 8285    
                                   Reference: Name + NewMbr or Renewal    
                            
Members get 20% discount on Bouddi Society functions and publications.  
  
Please return the completed form: - either by mail to:  Membership Secretary  
                                                   Bouddi Society  
                                                   PO Box 4081  
                                                    Wagstaffe, NSW, 2257  
                    - or scan & email to bouddisociety2@gmail.com

**MEMBER 1**

SURNAME: ..................................................... FIRST NAME: ….................................................

EMAIL : ….................................................................. PH NO: …...................................................

POSTAL ADDRESS: …..................................................................................................................

**Preferred address for Notices & Newsletters: Email / Postal (please circle)**

**MEMBER 2 (only for Joint Membership)**

SURNAME: ..................................................... FIRST NAME: ….................................................

EMAIL : ….................................................................. PH NO: …...................................................

POSTAL ADDRESS: …..................................................................................................................

**Preferred address for Notices & Newsletters: As for Member 1 / Email / Postal**

**METHOD OF PAYMENT**

Method: Cheque Enclosed / Direct Deposit (please circle)

Amount: $10 / $15 (please circle) If Direct Deposit enter Date Deposited ....................

Signature: ........................................................................... Date: .....................................