



Please complete and return by **29 April 2020** to confirm membership of the **2020 Wallumbilla Show event**.

MEMBERSHIP NAME _____

CONTACT NAME _____

POSTAL ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

I/We would like to purchase the below membership package/s (please tick box) -

PACKAGE 4 - Annual Membership

- Family Membership** - \$20.00
(2 x adults and all children under 15 years of age)
- Double Membership** - \$12.00
(2 x adults)
- Single Membership** - \$6.00
(1 x adult)
- Child / Concession Membership** - \$4.00
(1 x admittance)

SIGNATURE: _____

DATE: _____

Please return completed form along with payment to:

Attn: Secretary
Wallumbilla A&P Association Inc.
PO Box 23, Wallumbilla Q 4428

Or alternatively, you may scan and email your completed form and acknowledgement of direct debit payment to wallumbillashow@gmail.com
Direct Debit Details - Commonwealth Bank BSB: 064428 Acct: 00905992

Membership will commence only when payment has been received.
Please note: all correspondence and invoices will be forwarded to the contact listed in this form. **THANK YOU FOR YOUR SUPPORT!**