

Nambour & District Historical Museum Assoc Inc
Application of Membership

Full Name : _____

Home Address : _____

Postal Address : _____
(if different)

Telephone/s : _____

Email : _____

Special Interests : _____

I would like to help as a volunteer : Yes / No

I am able to help with : _____

Signature : _____

Date : ____/____/____

Submit completed application plus \$10.00 financial year subscription to:-

Secretary
Nambour & District Historical Museum Assoc Inc
P O Box 5084 SCMC, Nambour Qld 4560