2026–2027 MEMBERSHIP FORM

Membership period: 1 August 2026 to 31 July 2027

Please return completed form with payment reference to: secretary@circularheadshow.com.au

MEMBERSHIP TYPE

☐ **FAMILY MEMBERSHIP — $40**	Includes the primary contact and family members listed below.
Family Membership: 2 adults & 2 children; OR 1 adult & 3 children; OR 3 adults	

MEMBER DETAILS

Primary contact	
Postal address	
Phone	
Email	

FAMILY MEMBERS (FAMILY MEMBERSHIP ONLY)

1. Name: _____	Age (if child): _____
2. Name: _____	Age (if child): _____
3. Name: _____	Age (if child): _____
4. Name: _____	Age (if child): _____

PAYMENT

☐ **Cash**	☐ **Direct deposit**	☐ **Other: _____**
Amount paid: $_____	Date paid: _____	EFT reference: _____

EFT: Circular Head Agricultural Society Inc • BSB: 633-000 • Account No: 168 709 251
Please use the primary contact's name as the payment reference.

APPLICANT DECLARATION

I apply for membership of the Circular Head Agricultural Society and confirm that the information provided on this form is correct. I agree to comply with the Society's Constitution and rules.

Name: _____	Signature: _____	Date: _____

Gate passes will be emailed prior to show day

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OFFICE USE ONLY

Date received: _____	Payment confirmed: ☐	Member register: ☐	Receipt no: _____