

LOXTON HISTORICAL VILLAGE
MEMBERSHIP APPLICATION FORM

Includes 12 months unlimited entry (during Opening Hours, including Alive Days)

DATE:/...../..... *(Circle one)* **SINGLE \$15** **CHILD \$8** **FAMILY \$35**

APPLICANT'S DETAILS: *Please note that couples, and children, to complete individual forms, and families can be listed on the one form, but please include all the names.*

SURNAME: **GIVEN NAME/S:**

POSTAL ADDRESS:

PHONE:

EMAIL: *(Please Print Clearly)*

Are you happy to receive regular newsletters about Village news, and upcoming events, by email? YES NO

Do you wish to be invited to our AGM and to have voting rights? YES NO

Please return this form to the Loxton Historical Village office, or PO Box 1121, Loxton SA 5333 Ph: 8584 7194

OFFICE USE ONLY Payment made: \$ Cash / EFTPOS / CHEQUE **NEW** or **RENEWAL**

Staff signature: **Date:**