2021/22 MEMBERSHIP APPLICATION FORM

Royal Agricultural Society of NSW
ABN 69 793 644 351

STEP ONE Complete Personal Details

First Name:	**Surname:**	**Title:**
Address:		
Suburb:	**State:**	**Postcode:**
Phone (w):	**Phone (h):**	**Mobile:**
Email:		**Date of Birth:**

STEP TWO Select Your Membership Type

CATEGORY		JOINING FEE	PRICE	QTY	TOTAL
ANNUAL (1) Year (1/10/21-30/9/22)	**City**	$50	$160		
	Country	$50	$116		
	Youth	n/a	$92		
	Junior	n/a	$69		
	Guest	n/a	$101		
THREE (3) Year (1/10/21-30/9/24)	**City**	$50	$434		
	Country	$50	$312		
	Youth*	n/a	$245		
	Junior*	n/a	$185		
	Guest	n/a	$275		
				TOTAL AMOUNT (includes GST)	$

CITY: Individuals aged 26 years & over who reside in the Greater Sydney Metropolitan region. This Membership is NOT TRANSFERABLE. **COUNTRY:** Individuals aged 26 years & over who reside outside the Greater Sydney Metropolitan region. You must live within regions bound by postcodes: 0000-0950, 2250-2554, 2575-2739, 2787-9999. This membership type also includes interstate & overseas residents. This Membership is NOT TRANSFERABLE. **YOUTH**: Individuals aged 18-25 years inclusive. This Membership is NOT TRANSFERABLE. **JUNIOR:** Individuals aged between 4 & 17 years inclusive. This Membership is NOT TRANSFERABLE.
*If you are currently 16, 17, 24 or 25 years of age you will be ineligible to take up three year Membership. **GUEST:** Fully transferable card with access to the Sydney Royal Easter Show and members facilities. A City, Country or Youth Member may purchase a guest card. Maximum of three (3) guest cards per Member. Guest cards cannot be purchased by a Junior Member.

STEP THREE Authorisation

The information provided in this application is true, correct and to the best of my knowledge. I take full responsibility for my application and any actions in connection to this Membership

Name: _____ Signature: _____ Date: _____

Junior Members must obtain consent from a Parent / Guardian to join as a Member of the RAS of NSW.

☐ I give consent for my Child/Guardian to join as a Member of the RAS of NSW. I take full responsibility for their application and any actions in connection to their Membership.

Parent / Guardian Name: _____ Signature: _____ Date: _____

STEP FOUR Payment Details

Please debit my: ☐ Visa ☐ Mastercard Total Amount Payable $ _____ _____ (incl. GST)

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐ - ☐☐

Cardholder's Name: _____ CCV: (refer to reverse of card) _____

Cardholder's Signature: _____ Date: _____

Your Credit Card details above will be used solely for the purpose of arranging payment and any associated activity relating to the provision of this facility. The information will remain confidential at all times.

☐ Please do not send me information about additional Membership products or services. This will not include the RAS Times.

RAS Privacy Statement, please refer to: http://www.rasnsw.com.au/globalassets/document-library/legal/ras-policy-privacy-2020.pdf