

**COONALPYN & DISTRICT A. & H. SOCIETY INC.**

**MEMBERSHIP FORM**

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Name:.....

Mailing Address: .....

.....

Town: ..... Postcode:.....

Phone/Mobile: .....

Email: .....

<b>Type of Membership</b>	
Life Membership \$100	<input type="checkbox"/>
Annual Membership \$10 (please nominate year) Year _____	<input type="checkbox"/>
Amount Enclosed	\$ _____

Please make all cheques payable to  
Coonalpyn & District A. & H. Show Society

**Send Membership Applications to the Secretary, Coonalpyn Show Society,  
PO Box 29, Coonalpyn S.A. 5265  
Phone (08) 8575 8014, Fax (08) 8575 8080 unless otherwise specified**