THE SCIENTIFIC GLASSBLOWERS SOCIETY OF AUSTRALIA AND NEW ZEALAND

# MEMBERSHIP APPLICATION

**NAME:** _____

**ADDRESS:** _____

**ADDRESS:** _____

**CITY:** _____

**POST CODE:** _____

**COUNTRY:** _____

**PHONE:** _____

**FAX:** _____

**EMAIL:** _____

I wish to **apply for*** / **renew*** my membership to :
THE SCIENTIFIC GLASSBLOWERS SOCIETY OF AUSTRALIA AND NEW ZEALAND

**SUBSCRIPTION RATES:** **Full: 1 year $50.00** **Retired: 1 year $25.00**

Please make cheque or bank draft payable in Australian Dollars to
"The Scientific Glassblowers Society of Australia and New Zealand"

## CREDIT CARD OPTION

please circle card type

VISA / MASTERCARD __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __

**Expiry:** __ / __ **Name on Card:**_____ **Signature:**_____
Please print

A **full*/ retired*** authorized membership fee of **$AUD** _____ is enclosed.

I agree to abide by the constitution and require my correspondence to be mailed to the above address.

**Signature:** _____ **Date:** _____

**Send to:**
Dennis Clair,
Allirra Glassblowing Pty Ltd.,
41 Weston Street
Naval Base. Western Australia. 6165.

*cross out which is ***not*** applicable