



Zig Zag Railway Co-Op Ltd  
A.B.N. 96 139 641 108  
PO Box 01  
Lithgow, N.S.W. 2790 Australia

## MEMBERSHIP APPLICATION

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Number: \_\_\_\_\_ Mob. Number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Description	Fee	Total
Adult Member:	\$40.00	_____
Dependent Child: <i>Aged under 18 and dependent of an adult member</i>	\$12.00	_____
Youth: <i>Aged 16 or 17 years</i>	\$30.00	_____
Shares: <b>(minimum of 3)</b> at \$1.00 each		_____
Donation: <i>(There is no GST on donations)</i>		_____
	Total:	_____

Declaration: I hereby apply to be admitted as a member of the Zig Zag Railway Co-op Ltd. and to be allocated the number of shares requested above. If approved, I agree to pay all charges required by the Co-op, and I agree to be bound by the rules of the Co-op and by any amendments in accordance with the Co-operatives Act 1992.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant under the age of 18 years, parent or guardian **must** sign as witness)

### Payment Information

Cheque or Money Order to be made payable to: Zig Zag Railway Co-op Ltd.

Direct Deposit:

BSB: 032 829

Account No.: 104 684

Name: Zig Zag Railway Co-op Ltd

**Use your surname and membership number as a reference. Please also post your renewal form to the above post office box OR email to [secretary@zigzagrailway.com.au](mailto:secretary@zigzagrailway.com.au)**

Credit Card:

Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Type of Card: Mastercard / Visa Expiry Date: \_\_\_\_ / \_\_\_\_ CCV(security No.): \_\_\_\_\_

Signature: \_\_\_\_\_