



MEMBERSHIP APPLICATION

The following is required information, if available. Your privacy and confidentiality will be protected by Country Network. You can amend your details at anytime via your profile in our members' only section of our website. At least one method of contact must be made available to fellow members.

Section A1: Applicant details. Single or First applicant of Joint Membership

Surname: Given Name

Postal Address: Hide my postal address from fellow members

Suburb/Town: State/Territory P/C

Email:

Home phone: Mobile:

Date of Birth:/...../.....

Interests: *(travel, sport, etc)* (1).....(2).....(3).....

Declaration: I hereby apply for membership of Country Network.
I declare that I am over the age of 18 and will abide by the rules and the spirit of Country Network.

Signature Date/...../.....

Section A2: Applicant details. Second applicant of Joint Membership. (if applicable)

Surname: Given Name

Email:

Mobile:

Date of Birth:/...../.....

Interests: *(travel, sport, etc)* (1).....(2).....(3).....

Declaration: I hereby apply for membership of Country Network.
I declare that I am over the age of 18 and will abide by the rules and the spirit of Country Network.

Signature Date/...../.....

Section B: Hosting Arrangements.

Country Network's aim to promote and encourage social contact between members has created a strong tradition of hosting fellow members. Your decision to choose who and when you host will always be respected.

I am able to: Host Guide

If hosting, bed available to guests is: Single Twin Double Share

Hosts must ensure guests have a clear understanding of what bedding is available prior to any visit, especially if the only bed available is to share that of the host.

Smoking: Yes No Outside

Hosting arrangements are strongly guided by our protocols of which all members are to comply.

You can amend your profile at any time in the "members only" section of the Country Network website, or by contacting the Registrar with any required amendments.

Section C: Fees. (Please tick the relevant box.)

Single Membership \$20.00

Joint Membership \$25.00
Two members residing at the same address.

Postage premium \$20.00 (additional)

Annual subscription: Subscription is for a financial year July 1 to June 30 the following year. New memberships commencing after January 1 of any year will be financial until June 30 of the following year.

Postage Premium: The postage premium is an additional fee for those applicants without internet access to help cover the printing and posting costs associated with the distribution of essential aspects of Country Network.

Section D: Confirmation of Identity. (you must satisfy either of the following requirements):-

I/We are known to Country Network member:

I/We have attached a copy of my/our photo identification, (drivers license, passport, etc.)

Details:

Section E: Payment. (Please tick the relevant box.)

ABN 58 403 175 652

Direct Credit, or Self Deposited Cash or Cheque

Account Name: Country Network
Account No: 1009 6483
BSB: 065 521

(please arrange for your name to appear on our bank statements.)

Date paid/...../.....

Credit Card (MasterCard or Visa only)

Card Number

Exp Date

Name (as per card)

Amount \$

Cardholder's Signature Date/...../.....

Cheque or Money Order (made payable to "Country Network" and enclosed with this application and)

Please note: Cash or Cheques can be paid in at any Commonwealth Bank using the account information above. If this is convenient for you, it would be appreciated by our volunteers.

Section F: Return of Application

Please send this completed application form to:-

The Registrar
Country Network
P.O.Box 105
Pakenham
Vic 3810

or

Email
registrar@countrynetwork.com.au

Any questions or concerns, please contact The Registrar on 0433 502 106

New members will receive a 'Welcome Pack' with information enabling you to get the most from your membership.

We thank you for your application and look forward to welcoming you soon to the Country Network family

Section G: Administration only

July 2017

Username: _____ Password: _____

Receipt No. _____

