



Cairns Stamp Club , Inc

ABN 69 872 592 685

PO Box 5089 , Cairns , Queensland , Australia , 4870

Application for Membership

First Name _____ Middle Initial _____ Surname _____

Home Address _____

Postal Address _____

Date of Birth (for those 16 and under) _____ Phone Number _____

Regular Membership Fee \$AUD10.00, March To February .

(Overseas members please note that due to high bank fees on cheques etc; please send the equivalent in cash (your currency or ours) until other banking arrangements can be made.)

Statement

I agree to abide by the Philatelic Code of Ethics of the Cairns Stamp Club Inc.and its constitution and by-laws (please request the Club Secretary to let you sight these). I enclose my/our membership fee (s) totalling \$_____ and I understand that my/our application will be published in the next Clubs Secretaries Report (issued monthly).

Signature of Applicant

Date

Signature of Guardian

Please give details of your collecting interests

The information given will be used to build the Club's database of member's philatelic interests and preferences for planning club activities.
