## ON THE ROAD AGAIN TOURS Inc

## APPLICATION FOR MEMBERSHIP FORM

Membership period 1st January to 31st December 2020

Title Nam	e:
Address:	P/code:
Email	Phone
DOB (Optional)	Badge (Nick) Name
Driver's Licence No:	Shirt size
How did you hear about OTRA	OURS INC?
I wish to pay my \$50 (GST Excu	
☐ Cheque	Cash
Please complete the attached treasurer at:	d form and forwa <mark>rd it,</mark> with yo <mark>ur \$5</mark> 0:00 membe <mark>rsh</mark> ip fee, to the
	ibristow@iinet.net.au
PO Box 1050	or , <mark>Canning</mark> Bridge Post <mark>Office,</mark> Applecross WA 6153
Membership fees ca	n be paid via EFT to the OTRA Tours Operating Account at BSB 633-000 ACC 174 544 155
	use of my name, voice or picture in any broadcast, telecast, r account of this event, including advertising and promotions for the RFDS.
I hereby apply for membershi of Association	p to On The Road Again Tours Inc and agree to abide by the Rules
Signature:	Date:
** Membership Fee is non-refundable unless membership is refused. Confirmed acceptance of membership is at the sole discretion of the organising committee.	
OFFICE USE ONLY: Entered	: Receipt no: