

**Allora Show Society Inc.**

**President:** Conrad Schnitzerling - 0418 756 498  
**Vice President:** Shirley Cornhill - 0427 100 210  
**Hon. Secretary:** Robyn Westerman -  
**Treasurer:** Karen Shepherd -  
**Website:** [www.allorashow.org.au](http://www.allorashow.org.au)  
**Email:** [allorashowsociety@gmail.com](mailto:allorashowsociety@gmail.com)

**All Correspondence to:**  
 Post Office Box 99  
 ALLORA. QLD. 4362  
 Show Week: 07 4666 3158  
**Fax:** 07 4666 3158  
**ABN:** 45 072 279 707



**2017 Membership Application Form**

*(Includes entry to Killarney, Stanthorpe & Warwick Shows)*

**Friday 10<sup>th</sup> February & Saturday 11<sup>th</sup> February 2017**

**FAMILY MEMBERSHIP** (2 adults + children 16 & under) - \$40 .....

OR

**SINGLE MEMBERSHIP** (1 adult or 1 adult + children 16 & under) - \$20 .....

**SURNAME** .....

**NAMES OF ADULT MEMBERS** .....

**NAMES OF STUDENT CHILDREN, 16 & UNDER** .....

**POSTAL ADDRESS**.....

**PHONE (A/H):**..... **FAX:**..... **MOBILE:**.....

**EMAIL:** .....

**EXISTING MEMBERS COMPLETE THIS SECTION TOO PLEASE.**

**AREAS OF SUPPORT / INTEREST IN SHOW** .....

( eg. exhibitor,competitor,steward,judge – any qualifications )

**ARE YOU JOINING AS AN EQUESTRIAN MEMBER?**.....

**ARE YOU A NEW MEMBER?** .....

**I AGREE TO ABIDE BY THE RULES & REGULATIONS SET DOWN BY THE ALLORA SHOW SOCIETY Inc.**

**NAME OF APPLICANT (1)** .....

**SIGNATURE (1)** ..... **DATE** .....

**Payment Methods: ( must be included with application form )**

- **By Post** – send your cheque ( payable to Allora Show Society Inc.) to PO Box 99 ALLORA QLD 4362
- **Electronic Funds** - NAB Allora **BSB – 084-504 A/C - 45 770 8607 Ref – Surname & M/ship**  
*If paying by this method please include a copy of remittance advice with this application form.*
- **In person** – Cash at the Show Office during show week OR contact one of the members above

**\*\*\*\* NO MEMBERSHIPS WILL BE SOLD AFTER THURSDAY, 9<sup>th</sup> FEBRUARY 2017. \*\*\*\***

**Weekend Passes & Day Passes will be available at the gate and DO NOT qualify for entry to the other 3 shows.**

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**OFFICE USE ONLY**

Date Received: ...../...../..... Amount: \$..... Receipt No:.....

Member Name:					
Ticket No:					