

Friends of the Bathurst War Memorial Carillon Incorporated Association 1900622

Promoting the history and playing of the Carillon

Membership Application 2025-2026

I,			
	(Full Name of Applicant)	
of			
	(Postal Address)		
Residential Address (if different):			
Phone:	Email:		
	on as a member, I agree to l		emorial Carillon Incorporated Association he constitution and rules of the association
Preferred method of communication	(please tick all that apply):	☐ Email	☐ Postal mail
Signature of Applicant:		Date:	
Membership Fee (please tick)			
☐ Joining Fee	\$ 5.00		
☐ Annual membership	\$ 20.00		
Group affiliation	\$ 50.00		
Business/Corporate sponsorship	\$250.00		
□ Donation	\$		
TOTAL	\$		
Membership renewals are due by 31 Ju	ly each year.		

Please note EFT Banking details Unity Bank: BSB: 659 000 Account: 500134271 (include surname + given name or initials as reference)

Payment Method: Cash/Bank Transfer (please circle)

Please return form to: The Treasurer, Friends of Bathurst War Memorial Carillon, 1663 Sofala Road, Peel 2795 or contact@bathurstcarillon.org.au