

AUSTRALIAN POSTCARD SOCIETY Incorporated  
Membership Form  
ALL INFORMATION TO BE WRITTEN IN BLOCK LETTERS PLEASE



To the Committee:

I wish to apply for ADULT/FAMILY membership of the Australian Postcard Society, and if accepted, to abide by the rules of the Society.

(Mr/Mrs/Ms/Miss/Dr)FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS (POSTAL) \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY (if not Australia) \_\_\_\_\_ POSTCODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COLLECTING INTERESTS**

The following information is requested in order that member's collecting interest can be included in a membership list.

\_\_\_\_\_

\_\_\_\_\_

Approximate number of cards in your collection \_\_\_\_\_

Are you willing to exchange with other members YES (  ) NO (  )

**MEMBERSHIP FEE STRUCTURE**

Please circle one of the following. Financial year July 01, 2023 - June 30, 2024

1 YEAR

MEMBERSHIP FEES FOR  
OVERSEAS MEMBERS

SINGLE

\$20.00

\$35.00 US

FAMILY

\$30.00

or equivalent in UK

PAY BY (PLEASE CIRCLE)

CASH

CHEQUE

MONEY ORDER

**FOR MEMBERS WISHING TO PAY BY DIRECT DEBIT. BANK DETAILS BELOW**

**BANK** Bank SA  
**BSB** 105-152

**ACCOUNT** 040-524-740  
**NAME** Australian Postcard Society

**PLEASE PUT YOUR NAME DOWN FOR REFERENCE**

ALL CORRESPONDENCE TO  
THE SECRETARY, LINDA WELDEN,  
PO BOX 281,  
EDWARDSTOWN. 5039,  
SOUTH AUSTRALIA

IF YOU REQUIRE A HARD COPY OF THE BULLETIN  
PLEASE TICK THE BOX