

Museum of Fire Membership Form



Your details

Title (please circle): Mr Mrs Miss Ms Dr Prof Other _____

First name: _____ Last name: _____

Email address: _____ Phone number: _____

Date of birth (optional): _____ Occupation (optional): _____

How did you hear about us?: _____

Is this membership for someone under the age of 18? (please circle) YES / NO

Name of Parent/Guardian: _____ Contact Phone: _____

Your postal address

Postal address (street address or PO Box): _____

Suburb: _____ State: _____ Postcode: _____ **Australia**

Your membership

\$40 single visitation membership (needs to be renewed annually)

Donation Please consider making a further donation to the future of the Museum of Fire

\$20 \$50 \$1000 Other _____ *Donations of \$2 or more are tax deductible*

Your payment

Cash Cheque Mastercard Visa American Express Other _____

Member declaration

I have read and agree to the terms and conditions of the Museum
of Fire Membership

I give consent for my email to be used for marketing purposes by
the Museum of Fire

Signed: _____ Date: _____

(to be signed by guardian/parent if under 18 years of age)

For office use only

Time and date form received:

Received by staff member:

Membership number:

Membership expires:
