



Roma Show Society

Phone: 0497 225 698
Email: secretary@romashow.com

All correspondence should be addressed to: The Secretary, Roma Show Society Inc., PO Box 139, ROMA 4455

2025 MEMBERSHIP

01 July 2024 to 30 June 2025

Please return this form with payment

Membership Options

- ☐ Single \$35.00 (1 adult & all school-aged (Prep to Year 12) children under 18)
☐ Family \$60.00 (2 adults & all school-aged (Prep to Year 12) children & under 18)

Personal Details **Renewal Y/N** ☐ **Member No:** (Renewals to be completed prior to 31/08)

Title Given Names: Surname
Title Given Names: Surname
Address
..... P/Code
Phone (H) Phone (W) Mob
Would you like to be on the Roma Show Society Inc. email list? ☐ Yes ☐ No
If so, please write your email address
Signature Date

Member's Child/ren Details

For the issue of Member's child/ren tickets, please furnish the names and birth dates of children 16yrs and under:

Name..... DOB..... Name..... DOB.....
Name..... DOB..... Name..... DOB.....
Name..... DOB..... Name..... DOB.....

Next Gen

All Members 18 yrs to 35 years are eligible for the Next Gen mailing list, do you consent to receive information on this ☐ Y ☐ N ☐ Email:

Benefits of Membership

- Attend & Vote at any General Meeting
- Hold office in the Society
- Free admittance to the grounds for the duration of the show
- Right to vote at Annual General Meeting
- Any other Membership Benefit introduced by Committee

Method of Payment

☐ Cheque ☐ Money Order ☐ Cash ☐ Direct Deposit ☐ Other

AMOUNT PAID: _____ DATE PAID: _____

Account Name: Roma Show Society

Westpac Bank A/C Details:- BSB: 034-211 Account Number: 229-214

When paying by Direct Deposit this form must be returned along with your receipt of transaction.

OFFICE USE ONLY

☐ Invoice No (____) ☐ Paid (Receipt attached) ☐ Email entered (____)
☐ Members Card ____ Adults ____ Children ☐ Collected (____ / ____ / ____) Email List (Y – N)