



**2024 MEMBERSHIP NOMINATION FORM**

Full name: .....

Postal address: .....

Email address: .....

Phone numbers: .....

I hereby apply for membership of the Border District Eisteddfod Inc.

I agree to pay the annual Membership Fee of \$10 via bank transfer (see details below) due at each AGM. For 2024 only, your membership will commence at the AGM on 13 October 2024 and will continue for the next 12 months.

Your membership includes an invitation to our Sponsors and Members soiree on Wednesday 22<sup>nd</sup> May, 2024. To help with catering purposes please select an option below.

I WILL be attending the soiree

I WILL NOT be attending the soiree

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Proposer: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Secunder: \_\_\_\_\_ Signed \_\_\_\_\_ Date: \_\_\_\_\_

Nomination accepted: YES  NO  Existing Member

Membership fee received: YES  NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Membership Secretary/Secretary)

EMAIL: [INFO@BORDERDISTRICTEISTEDDFOD.ORG.AU](mailto:INFO@BORDERDISTRICTEISTEDDFOD.ORG.AU)

POSTAL ADDRESS: PO BOX 872 STANTHORPE 4380

WEBSITE: [WWW.BORDERDISTRICTEISTEDDFOD.ORG.AU](http://WWW.BORDERDISTRICTEISTEDDFOD.ORG.AU)

**TO PAY MEMBERSHIP FEE VIA BANK DEPOSIT:**

**BORDER DISTRICT EISTEDDFOD INC  
BSB 633 000  
ACC 159 324 474**

**PLEASE USE YOUR NAME AS REFERENCE**