



APPLICATION FORM

SOUTH AUSTRALIAN RAILWAY MODELLERS ASSOCIATION INCORPORATED

To the Honorary Secretary, I desire to become a member of the above association, and on my being accepted for membership agree to be bound by the Constitution, Rules and By- Laws of same.

I also authorise the entry of my name in the Register of Members.

SURNAME _____ FIRST NAME _____

ADDRESS _____ POSTCODE _____

OCCUPATION _____ D.O.B _____

PHONE (Home) _____ (Mobile) _____

Do you have an operating layout YES NO G O HO N Z _____

Do you have a name for your layout _____

Type of equipment you operate _____

Do you favour a particular coupling _____

Do you have a particular aspect of the hobby you favour _____

ELECTRICAL	<input type="checkbox"/>	SIGNALLING	<input type="checkbox"/>	SCENERY	<input type="checkbox"/>
SCRATCH BUILDING	<input type="checkbox"/>	LOCOS	<input type="checkbox"/>	ROLLING STOCK	<input type="checkbox"/>
STRUCTURES	<input type="checkbox"/>	KIT BASHING	<input type="checkbox"/>	DETAILING	<input type="checkbox"/>
RUNNING	<input type="checkbox"/>	TIMETABLE OP.	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

OUTLINE:

STEAM DIESEL ELECTRIC

PROTOTYPE

Modern ERA S.A.R / A. N. R. AUSTRALIAN

NTH AMERICAN BRITISH EUROPEAN

OTHER _____

----- Official Use Only -----

Membership: Joining Fee Adult Family Country Student Junior
 YEAR ENDS 31st MARCH. Minutes Treasurer Secretary Members List

Accepted Yes No Nominated _____ Paid \$ _____

Date _____ Seconded _____ Member # _____

For further information

Write to
 The Hon Secretary
 S.A.R.M.A. Inc
 C/- P.O. Box 4
 Prospect
 South Australia 5082

Or Email:
secretary@sarma.asn.au
 Internet
www.sarma.asn.au