

**Application for Membership of Wellington Show Society Incorporated  
(Incorporated under the Associations Incorporated Act 2009)**

Wellington Show Office  
CWA Building, Wame Street Wellington NSW 2820  
PO Box 275 Wellington NSW 2820  
Phone: Secretary 0428463496 or 68453007 (messagebank)

I, .....  
[full name of applicant]

of .....

.....  
[residential address]

Email.....

Phone:.....

hereby apply to become a member of the abovenamed incorporated association. In the event of my admission as a member, I agree to be bound by the Constitution of the association for the time being in force.

Signature of applicant .....

Date .....

**Membership Fees & Benefits**

Paid Life Membership: \$250.00 (1 member & 1 guest pass per year)  
Annual Family Membership: \$ 25.00 (1 member, 1 guest, plus their  
children over 5 yrs and under 17 yrs)  
Annual Single Membership: \$ 15.00 (1 member pass)  
Annual Junior Membership: \$ 10.00 (under 17 years. 1 member pass)

**EFT payments**

BSB: 062-619 Account No: 10002553  
Account Name: Wellington Show Society Inc.  
Bank: Commonwealth Bank Wellington.  
Please use your name as reference.

**Showground Show Office will be open from Monday  
19 May 2025**  
***Memberships must be paid prior to Show Day***