

OBERON AND DISTRICT MUSEUM SOCIETY INC.

<https://oberonmuseum.com/>

Membership Form

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

In addition to supporting the Museum by your membership, would you be able to:

☐ Join the roster for manning the Museum. Saturdays and Sundays 10.30am - 12.30pm

☐ Assist with maintenance at working bees

☐ Assist in cataloguing or displays

☐ Maybe you have other skills we could use _____

Signature: _____

Date: _____

Annual Membership is \$15.00 for a financial year
(members will be entitled to free entry to the Museum)

Please return your completed application and payment either directly to the Museum, or post it to The Secretary, Oberon District Museum. P.O. Box 239, Oberon 2787, or email it to **oberonmuseum@gmail.com** and directly deposit your membership fee to:

Account Name: Oberon and District Museum; **BSB:** 062 632;

Account Number: 00901068. Ensure you include your name with the direct deposit.