# Museum Membership

**Name: ……**
**Address: ……**
**E-mail: ……**

**Tick type of Membership applicable:**
**New : Renewed**

| | | | |
|---|---|---|---|
| **Single** | **$7.70 per year** | **Family** | **$11.00 per year** |
| **Pensioner Single** | **$4.40 per year** | **Life Single** | **$220** |
| **Pensioner Couple** | **$6.60 per year** | **Family 10 years** | **$110** |
| **Corporate** | **$55.00 per year** | | |

**Please send, with payment, to The Treasurer, P.O. Box 4,**
**Point Lookout Q 4183**