

MEMBERSHIP 1/7/2025 – 30/6/2026

We wish to _____ membership of Philatelic Association of NSW Inc. and have completed this questionnaire for PHILAS' information purposes and the promotion of our society.

Society Information

SOCIETY NAME:

POSTAL ADDRESS:

MEETING PLACE:

WE MEET ON THE _____

OF THE MONTH

EXCEPT FOR

WE HAVE OUR OWN WEBSITE:

Please select 2 to 5 contacts for the PHILAS Club Mailing List **by ticking** their names to grant permission. ✓

PRESIDENT:

PHONE:

EMAIL:

SECRETARY:

PHONE:

EMAIL:

TREASURER:

PHONE:

EMAIL:

PHILAS DELEGATES: (1 per 50 Members or part thereof) Delegates details to go on the PHILAS mailing list.

NAME:

PHONE:

EMAIL:

NAME:

PHONE:

EMAIL:

CONTACT DETAILS ON OUR PHILAS CLUB WEBPAGE:

NAME:

PHONE:

EMAIL:

Total number of members at \$1.00 each

AFFILIATION FEE \$

PUBLIC LIABILITY INSURANCE
\$3.50 per resident member

INSURANCE FEE \$

DONATION \$

PAYMENT AMOUNT \$

Payment Method ✓	Direct Debit	Cheque
PHILAS NAB Bank Details	BSB: 082 088	Account No: 4778 23389
For direct debit payments, please reference with your club's name.		

ADDITIONAL INFORMATION:

Club Fees

JOINING \$

ADULT \$

FAMILY \$

JUNIOR \$

OTHER: \$

Meeting Time

DOORS OPEN AT:

MEETING STARTS AT:

USUALLY ENDS AT:

Services Available Yes/No

ACCESSORIES

BUY, SWAP, SELL

CIRCUIT BOOKS

CLUB PACK

COMPETITIONS

DISPLAYS

LIBRARY

MINI AUCTIONS

NEWSLETTER

YOUTH CLUB

FACEBOOK

YEARS PROGRAM

MONTH OF AGM

Number of Members

ADULTS:

JUNIORS:

HONORARY:

OVERSEAS:

Please email completed form to the secretary at office@philas.org.au before the 1/7/2025