

MARITIME MUSEUM OF TASMANIA INC.

Application for Membership

NAME:

ADDRESS:

.....

TELEPHONE:

Business Private: FAX:

EMAIL:

OCCUPATION:

I have a specialist interest or skill in:

- | | |
|---|--|
| <input type="checkbox"/> Fishing history | <input type="checkbox"/> Library archives |
| <input type="checkbox"/> Ship history | <input type="checkbox"/> Oral history |
| <input type="checkbox"/> Whaling history | <input type="checkbox"/> Sailing / boating history |
| <input type="checkbox"/> Indigenous history | <input type="checkbox"/> Other special interest: |

.....

NOMINATED MEMBERSHIP CATEGORY:

MEMBERSHIP FEE: \$

TAX DEDUCTIBLE DONATION: \$

(a receipt will be issued)

TOTAL ENCLOSED: \$

Visa Mastercard Bankcard

Diners AMEX

Card number:

Expiry date:

Name:

RETURN FORM TO: Maritime Museum of Tasmania
GPO Box 1118
Hobart Tasmania 7001