

NAME

**ADDRESS** 

**COUNTRY** 

**PHONE** 

**EMAIL** 

Member Number	

\$20

**TICK ONE** 

WEB: www.apma.org.au MAIL: PO Box 464. CREMORNE. 2090 EMAIL: apma.sydney@gmail.com We meet at Carlo Bowling Club. 334 Pennant Hills Road, Carlingford BETWEEN 11am and 4:30pm

2025 MEMBERSHIP REGISTRATION FORM

MEMBERSHIP FEE

INCLUDES RECEIVING OUR QUARTERLY MAGAZINE AND NEWSLETTER

I wish to	I wish to receive the Magazine and Newsletter via email							
Or I wish	h to receive a printed copy of the	e Magazine	at <b>the</b>	e meet	ing and No	ewsletter	r	
	an <b>post</b> the magazine to an Austr 20 to your membership fee for p			d News	sletter via	email		
AVAILABL	E MEMBERSIP DISCOUNT	Deduct						
If you are	e confirmed as a Life Member	\$10						
PAYMENT EFT:	OPTIONS  BSB: <b>062-130</b> ACCT: <b>00906571</b> NA	AME: <b>AUSTR</b> A	ALIAN	PLAST	IC MODELL	ERS ASSO	CIATION	tick one
	Include your name in EFT descrip	tion. Email o	or post	this fo	m to APMA	٨		
CASH:	Only available when attending Meetings							
THIS SECTION	FOR ASSOCIATION USE							
RECEIPT NO:								