



COUNTRY NETWORK

A National Organisation

MEMBERSHIP APPLICATION FORM

(A) FOR OUR CONFIDENTIAL OFFICE RECORDS ONLY: This information will not be published in our Membership List but for security reasons, will be verified. **PLEASE PRINT**

(1) SURNAME..... GIVEN NAME/s.....

(2) SURNAME..... GIVEN NAME/s

HOME ADDRESS (not PO Box No).....

.....STATE/TERRITORY..... POST CODE.....

PREFERRED PHONE CONTACT IF OTHER THAN AS PROVIDED IN (B) BELOW.....
OCCUPATION.....

I am known to.....of.....who is a member of "CN"

&/OR I heard of "CN" through.....
If you are a member of another gay/lesbian group please indicate its name:.....

(B) DETAILS FOR PUBLICATION IN CONFIDENTIAL MEMBERSHIP LIST PROVIDED TO FINANCIAL MEMBERS ONLY PLEASE PRINT

(1) SURNAME..... PREFERRED NAME.....

(2) SURNAME..... PREFERRED NAME.....

ADDRESS or PO BOX No.....
..... STATE/TERRITORY..... POST CODE.....

If locality is not well known give nearest major centre: (1) DATE OF BIRTH:/...../19
(2) DATE OF BIRTH:/...../19

TELEPHONE – HOME ()..... WORK ()..... Ext.
MOBILE E-MAIL:..... @

INTERESTS (Please list no more than 4

PLEASE TICK APPROPRIATE BOXES BELOW

I AM ABLE TO:		SHARE HOST'S BED BY MUTUAL ARRANGEMENT				SMOKING:									
HOST	<input type="checkbox"/>	SHARE HOSTS	<input type="checkbox"/>	OWN SINGLE	<input type="checkbox"/>	OWN TWIN	<input type="checkbox"/>	OWN DOUBLE	<input type="checkbox"/>	NONE	<input type="checkbox"/>	IN SIDE	<input type="checkbox"/>	OUT SIDE	<input type="checkbox"/>
GUIDE	<input type="checkbox"/>	BED	<input type="checkbox"/>	BED	<input type="checkbox"/>	BED	<input type="checkbox"/>	BED	<input type="checkbox"/>						

(C) DETAILS FOR POSTING OF MEMBERSHIP LIST, NOTICES, etc (PLEASE PRINT)

MR/MS.....

ADDRESS (P O BOX is OK).....

..... STATE/TERRITORY..... POST CODE.....

OR EMAIL:@..... **IF this option is preferred**

I / we hereby apply for membership of Country Social Network Inc., (Registered No Y2063541), known as "Country Network". I / we declare that I / we are over the age of 18, and will abide by the Rules of Association of Country Social Network Inc., PLEASE INCLUDE PROOF OF IDENTITY SUCH AS PHOTOCOPY OR SCANNED FILE OF DRIVERS LICENSE, PASSPORT OR CENTRELINK CONCESSION CARD WITH YOUR REMITTANCE (see over for payment details)

(1) SIGNED DATED...../...../.....

(2) SIGNED DATED...../...../.....

COUNTRY NETWORK – INFORMATION FOR APPLICANTS

For further information, contact Dave (Qld) on (07) 4057 8604 or Pete (WA) on 0427 157 151 or
Email: scribe@countrynetwork.com.au

(Please be aware of time differences in each state, when calling)

MEMBERSHIP: Membership is open to anybody living in Australia, in the country or city, female or male, gay or straight. The only requirements for membership are:

- You must supply all the information requested in parts (A) and (C) on the front of this form.
- You must allow publication in the circulated Membership List, see Part (B) overleaf, of **at least** a first name, age, locality and an address and/or telephone number where other members can make contact. (A pseudonym is acceptable if such is necessary, but will be indicated as such.)
- For legal reasons, you must supply your correct name and address for our confidential records.
- To protect the identity of members, membership will not be granted unless your *bona fides* can be established. This could take up to a couple of months.
- You must, within the limits of the law, guarantee the confidentiality of membership by not revealing to anyone the details of any member.

“Joint” membership: Joint membership is available for any two persons who live in a bona fide relationship and reside at the same address provided you are prepared to receive only one copy of the Newsletter and any other CN publications as well as all notices and forms in the same envelope. The annual subscription fee for each joint member is half of the full membership subscription

FEES – Annual Subscription:

The annual membership subscription is **\$47.00** per household or mailing address, a discount of **\$12.00** is available if you elect to receive all notices via email and download from the CN Website, **only** one discount applies to “Joint” memberships. Renewal of membership is due on **July 1st** each year. Those joining after **January 1st** are financial until **June 30th** in the following year. Only **financial** members have access to the details of other members.

AGE

Age is not important to the Network, except all members must declare that they have reached 18, the age of consent in NSW in which state we are incorporated. Age can be of concern when making contact with others, and so to avoid embarrassment to any member, ages are shown for all members.

LISTING

A Membership List is sent to all financial members, with amendments from time to time. All members are listed, and are encouraged to show their full name, address and telephone numbers. As required by the Associations Incorporation Act, a register of the names and addresses of all members is maintained to which any member is entitled to have access at any time. However, all reasonable efforts are made to keep membership details confidential.

HOSPITALITY: Some Network members choose to offer hospitality to other members either by hosting and/or guiding. If you wish to offer accommodation (by prior and mutual arrangement in each case) please indicate in section (B) overleaf as Host codes what kind of accommodation options you wish to offer, and your situation regarding smoking. **Guiding** is the offer of assistance – advice, helps with sightseeing etc - in the member’s area. Naturally, these offers are on a *gratis* basis, but no member should be expected to be “out of pocket” in these instances.

PAYMENT: can be made via cheque, or money order. Credit card or direct deposit options as below

CARD NO; Expiry Date:

Card Type; VISA NAME as it appears on card.....Amount, \$.....

tick box MasterCard

Cardholders Signature;.....Date.....

Direct credit on...../...../..... to:- Account Name: Country Social Network Inc
Bank: ANZ Branch: Alice Springs BSB: 015- 881 Account No: 4779 37562
In reference box on Payment put your “surname and initials”

Return this form with your remittance in favour of “Country Network” and proof of identity to: Country Network P.O. Box 172 Clifton Beach QLD 4879

or email all scanned documents to: scribe@countrynetwork.com.au

Office use

Nominated by:..... Secoded by:.....Receipt...../...../.....

Accept. letter:...../...../..... Magazine:...../...../.....Membership List...../...../.....Register of Member...../...../.....