

# THYLAACON 2005

## JUNE 10-13

<b>Membership Details</b>		<b>ADMIN USE ONLY</b> Received: Receipt No: Sent
Title: _____ Surname: _____ Firstname: _____ Nickname: _____ Address: _____ Suburb: _____ Postcode: _____ Contact number: _____ Contact email: _____		
<input type="checkbox"/> I wish to volunteer (a separate volunteer form will be sent) <input type="checkbox"/> I do not wish my name published on the Thylacon web site <input type="checkbox"/> I do not wish my details published in the Con Handbook <input type="checkbox"/> I wish to join the public email list for Thylacon news		
<b>Progress reports</b> <input type="checkbox"/> By email <input type="checkbox"/> By regular mail <input type="checkbox"/> By mailing list	Full Membership <input type="checkbox"/> \$95 Child (5-12)* <input type="checkbox"/> \$35 Supporting** <input type="checkbox"/> \$25 Upgrading <input type="checkbox"/> \$____	<b>All          Correspondence          To:</b>  <b>Thylacon 2005          PO Box 345          Kingston TAS 7051          Email: <a href="mailto:afinch@tassie.net.au">afinch@tassie.net.au</a></b>
<b>How paid</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Deposit to Island State Credit Union account No. 51170206	*Accompanied by a paying adult. **May upgrade to Attending at any time before event	