



MEMBERSHIP APPLICATION FORM

MEMBERSHIP NUMBER

Central Coast FHS Inc.

Research Centre – 4/8 Russell Drysdale Street,
East Gosford P.O. Box 4090, East Gosford NSW 2250
Phone: 02 43245164
ABN 30 269 707 398

APR 2021-MAR 2022

Email: admin@centralcoastfhs.org.au
Website: www.centralcoastfhs.org.au

Name (Mr/Mrs/Miss/Ms) _____

Address _____

Post Code _____

Email address _____

Phone _____ Mobile Phone _____

I understand my name/address will be entered on a membership register in the Research Centre
I understand that work carried out by me on behalf of the CCFHS Inc. remains the property of the Society

I would like to purchase \$10.00 worth of Rotary Raffle Tickets to be returned before Feb 2022 YES

AND/OR

I would like to donate \$10 for the equipment fund YES
(Please tick/mark appropriate donation/donations)

Signature X _____

TYPE OF MEMBERSHIP (incl. GST) *(Please circle appropriate category)*

New Membership

SINGLE plus JOINING FEE: \$49.00 + \$10.00 JOINING FEE:

JOINT plus JOINING FEE: \$70.00 + \$10.00 JOINING FEE:

Renewal

SINGLE: \$49.00

JOINT: \$70.00 *(2 adults or 1 adult & 1 child residing at the same address)*

OFFICE USE ONLY	Credit Card Payment by mail/fax only
#4001 Equipment Fund – Donation	Charge my credit card Expiry Date: - ____/____
#5600 Joining Fee	Card No: ____ / ____ / ____
#5601 New Single	Name on Card:
#5602 New Joint Membership	
#5603 Renew Single	DIRECT DEBIT:
#5604 Renew Joint Membership	Bendigo Bank East Gosford
#5607 Upgrade Single to Joint Membership	BSB: 633-000 Account No: 175 073 667
RECEIPT NO:	Membership No. for reference:
AMOUNT	Membership card Issued /Posted
CASH / CHQ / EFTPOS	Name of Assistant
DATE:	Lanyard / Holder Issued: