



Central Coast Family History Society Inc.

Research Centre 8 Russell Drysdale Street, East Gosford Tel: 02 4324 5164

P.O. Box 4090, East Gosford NSW 2250

ABN 30 269 707 398

Email: admin@centralcoastfhs.org.au

My Membership No:

April 2017 to March 2018

Website: www.centralcoastfhs.org.au

MEMBERSHIP APPLICATION FORM

RENEWAL/NEW MEMBERSHIP

(cross out one)

Nominated names: (Mr/Mrs/Ms)

Street Address and P.O. Box Address:

Post Code

I understand my name/address will be entered on a membership register in the Research Centre

I agree for my New Member details to be shown in e-~~fluster~~

YES/NO

I understand a Day User fee of \$2.50 per visit for members will supplement resource expenditure

YES/NO

I understand that any work carried out by me on behalf of the CCFHS Inc remains the property of the Society

I will agree to purchase at least \$10.00 worth of Rotary Raffle Tickets

YES/NO

I will agree to donate \$10 for the equipment fund

YES/NO

E-mail:

Phone:

Signature/s:

TYPE OF MEMBERSHIP (Please circle appropriate category) All fees include GST

New Membership

SINGLE plus JOINING FEE: \$45.00 + \$10.00 JOINING FEE:

JOINT plus JOINING FEE: \$65.00 + \$10.00 JOINING FEE:

Renewal

SINGLE: \$45.00

Single individual

JOINT: \$65.00

2 adults or 1 adult and 1 child

Residing at the same address

Research Centre, Voting rights.

OFFICE USE ONLY

#4001 Equipment Fund - Donation

#5600 Joining Fee

#5601 New Single

#5602 New Joint Membership

#5603 Renew Single

#5604 Renew Joint Membership

#5607 Upgrade Single to Joint Membership

RECEIPT NO:

DATE:

AMOUNT:

CASH

CHEQUE

CREDIT CARD

EFTPOS

Credit Card Payment by mail/fax only

Please charge my credit card (circle one)



Expiry Date: - ____/____

Card No: ____/____/____/____

Name shown on card:

DIRECT DEBIT:

ANZ Bank – Fountain Plaza Erina

BSB: 012621 Account No: 203413323

Membership No. for reference:

IF NEW MEMBER WAS A BEGINNERS KIT

ISSUED: YES NO

MEMBERSHIP CARD: ISSUED - POSTED

SIGNATURE OF ASSISTANT: