

MEMBERSHIP APPLICATION FORM

April 2020-March 2021

Central Coast FHS Inc.

Research Centre- 4/8 Russell Drysdale St-East Gosford

P.O. Box 4090- East Gosford NSW 2250

Phone- 02 4324 5164

Email: admin@centralcoastfhs.org.au

Website: www.centralcoastfhs.org.au

ABN 30 269 707 398

Membership Number

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 worth of Rotary Raffle Tickets where all funds raised are returned to CCFHS Inc . **YES**
AND/OR

I would like to donate \$10 towards the Equipment Fund **YES**

Please tick/mark the appropriate donation/donations

(Please refer to Terms & Conditions sheet available in the Research Centre and at meetings)

SIGNATURE: X _____

TYPE OF MEMBERSHIP (Including GST) **Please Circle the appropriate category**

NEW MEMBERSHIP:

SINGLE plus JOINING FEE: \$49.00 + \$10 Joining Fee:

JOINT plus JOINING FEE: \$70.00 + \$10 Joining Fee:

RENEWAL:

SINGLE: \$49.00

JOINT: \$70.00

Joint: 2 adults or 1 adult & 1 child residing at the same address

ANY membership which has lapsed from 31st May of any given year- will incur a \$10 re-joining fee.

OFFICE USE ONLY	CREDIT CARD PAYMENT: By Mail 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: 101 Victoria St East Gosford NSW
#5607 -Up grade single to Joint Membership	BSB : 633000 Account No: 175073667
RECEIPT NO:	MEMBERSHIP NO: (for reference)
AMOUNT:	FREE LANYARD & CARD HOLDER ISSUED: YES
CASH/CHEQUE/EFTPOS	MEMBERSHIP CARD: ISSUED/POSTED
DATE:	ASSISTANTS NAME: