



# MEMBERSHIP FORM

Research Centre – 4/8 Russell Drysdale Street, East Gosford  
 Phone: 02 43245164 ABN 30 269 707 398  
 Email: [membership@centralcoastfhs.org.au](mailto:membership@centralcoastfhs.org.au)  
 Website: [www.centralcoastfhs.org.au](http://www.centralcoastfhs.org.au)

MEMBERSHIP NUMBER
----------------------

APRIL 2024 - MARCH 2025

Please fill out the details below and if renewing, enter your membership number in the box above.

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Joint only: Name 2 (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Email address 2 \_\_\_\_\_ Phone 2 \_\_\_\_\_

## IMPORTANT. Please read the following

By paying the annual membership fee I (we) understand that:

- I (we) agree to abide by the Policies of the Central Coast Family History Society Inc;
- My (our) contact details will be recorded on the Society's Membership Register;
- Work carried out by me (us) on behalf of the Society remains the property of the Society.

TYPE OF MEMBERSHIP RENEWAL      NEW      *(Please place X in appropriate category)*

If NEW, how did you hear about us? \_\_\_\_\_

SINGLE:	\$50.00	\$
JOINT: <u>(2 adults or 1 adult &amp; 1 child residing at the same address)</u>	\$72.00	\$
Optional donation (equipment fund)	\$10.00	\$
TOTAL:		\$

Payments options: At research centre - cash, cheque, credit card

By phone: credit card by calling on 4324 5164 during research centre opening hours,

DIRECT DEPOSIT: Bendigo Bank East Gosford, BSB: 633000, Account No: 175073667. As a reference, please quote the letter M followed by your membership number and your surname. Then email us to confirm when the payment was made.

<b>OFFICE USE ONLY</b>		
RECEIPT NO:		#4001 Equipment Fund – Donation
AMOUNT:		#5601 New Single Membership
CASH / CHQ / EFTPOS / DIRECT DEPOSIT		#5602 New Joint Membership
DATE:		#5603 Renew Single Membership
Membership card(s)	Issued / Waiting for Collection	#5604 Renew Joint Membership
Name of Assistant		