



MEMBERSHIP FORM

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

MEMBERSHIP
NUMBER

APRIL 2026 - MARCH 2027

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: \$55.00

JOINT: (2 adults or 1 adult & 1 child residing at the same address) \$78.00

Optional donation (equipment fund) \$10.00

TOTAL: \$

Payments options: At research centre - cash or 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.

OFFICE USE ONLY	
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	Entered in database