



**MEMBERSHIP APPLICATION/RENEWAL FORM**

All new and renewing members of CHDFHS Inc. are required to complete this Application/Renewal Form. This form may also be used for changes in contact details.

Membership runs for 12 months from the first of July

NEW MEMBERSHIP       RENEWAL       Change of Contact Detail

PLEASE PRINT CLEARLY - Contact Details shown will be used for Society Business ONLY

MEMBER CONTACT INFORMATION (please print clearly)

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Member No. ....
NAME	.....				PREFERRED NAME .....
ADDRESS	.....				POSTCODE .....
PHONE	.....				EMAIL .....

**MEMBERSHIP TYPE AND PAYMENT DETAILS**

**NEW SINGLE MEMBERSHIP** Pro-Rata Fees (July - \$50, Aug - \$46, Sep - \$42, Oct - \$38, Nov - \$34, Dec & Jan - \$25, Feb - \$21, Mar - \$17, Apr - \$14, May - \$10) \$.....

**RENEWAL**

SINGLE MEMBERSHIP \$50 per Year

DUAL MEMBERSHIP (Two Members at the same address) \$70 per year

(Pro-Rata rates available at time of payment – please check with monitor on duty.)

Our QUARTERLY JOURNAL will be EMAILED to all members. This can be PRINTED AND POSTED at an additional charge. \$15 Extra Per Year <input type="checkbox"/>
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I agree to abide by the Constitution and By-Laws of the Society and for my personal information to be used for official purposes only.

SIGNED ..... DATED .....

PAYMENT METHOD:  CASH       CHEQUE

EFT: BSB: 533000 A/C: 32823957 A/C NAME: CHDFHS  
REFERENCE: PLEASE QUOTE MEMBER NO. or NAME

**\*\*IMPORTANT\*\***: FOR EFT PAYMENTS: When payment made, please scan and email this completed form to: coffsgenie@gmail.com

AMOUNT PAID: ..... DATE PAID: ..... RECEIPT NO.: .....

OFFICE USE ONLY:

PROPOSED by..... MEM. # ..... SECONDED by..... MEM. #.....  
Committee Date: ..... Letter sent..... Badge ordered.....