



COFFS HARBOUR DISTRICT FAMILY HISTORY SOCIETY INC.
PO BOX 2057, COFFS HARBOUR, 2450 Phone 02 6651 6126

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 Mr Mrs Miss Ms Member No.
NAME PREFERRED NAME
ADDRESS POSTCODE
PHONE EMAIL

MEMBERSHIP TYPE AND PAYMENT DETAILS

NEW SINGLE MEMBERSHIP Pro-Rata Fees (July - \$45, Aug - \$41, Sep - \$37, Oct - \$33, Nov - \$29, Dec & Jan - \$24, Feb - \$20, Mar - \$16, Apr - \$12, May - \$8) \$.....

RENEWAL

SINGLE MEMBERSHIP \$45 per Year

DUAL MEMBERSHIP (Two Members at the same address) \$60 per year

Our QUARTERLY JOURNAL will be EMAILED to all members.
This can be PRINTED AND POSTED at an additional charge. \$10 Extra Per Year

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.....