COFFS HARBOUR DISTRICT FAMILY HISTORY SOCIETY INC.
Phone: 02 6648 3605 **22 Earl Street**
Email: coffsgenie@gmail.com **Community Village**
PO Box: 382 COFFS HARBOUR, 2450 **Rooms 1 & 2 Block C**

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 - $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) **$70per year** ☐

Our QUARTERLY JOURNAL will be EMAILED to all members.
This can be PRINTED AND POSTED at an additional charge. **$15 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…….

Updated 14 July 2026