COFFS HARBOUR DISTRICT FAMILY HISTORY SOCIETY INC.

PO BOX 382, COFFS HARBOUR, 2450 Phone 02 6648 3605

MEMBERSHIP APPLICATION or RENEWAL FORM

Email: coffsgenie@gmail.com

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 1st 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 or RENEWAL			
SINGLE MEMBERSHIP	**$25 per half year**	☐	**$50 per Year**	☐
DUAL MEMBERSHIP (Two Members at the same address)	**$35 per half year**	☐	**$70per year**	☐

Our TRI-ANNUAL 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 beused 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

AMOUNT PAID: …… **DATE PAID: ……..…** **RECEIPT NO : ……..……**

Signature……….

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

OFFICE USE ONLY:(
PROPOSED by……..... MEM. # ……..… SECONDED by……..…..……..… MEM. #…..……
Committee Date: …..……..…. Letter sent……. Badge ordered…….