



COFFS HARBOUR DISTRICT FAMILY HISTORY SOCIETY INC.

PO BOX 2057, COFFS HARBOUR, 2450

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

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NEW MEMBERSHIP

☐

RENEWAL

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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	Existing Member No.
NAME					PREFERRED NAME
ADDRESS					POSTCODE
PHONE					EMAIL

MEMBERSHIP TYPE AND PAYMENT DETAILS

NEW MEMBERSHIP Pro-Rata Yearly Rate (See rates attached to Receipt book) \$.....

RENEWAL

SINGLE MEMBERSHIP

\$45 per Year

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DUAL MEMBERSHIP (Two Members at the same address)

\$60 per year

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Our QUARTERLY JOURNAL will be EMAILED to all members.

This can be PRINTED AND POSTED at an additional charge. \$10 Extra Per Year

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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:

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CASH

☐

CHEQUE

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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: (New Members)...

PROPOSED by MEM. # SECONDED by MEM. #

Committee Date: Membership Number Letter sent Badge

#001 June 2021