

CALOUNDRA FAMILY HISTORY RESEARCH INC.
APPLICATION FOR MEMBERSHIP 1 JULY 2017 – 30 JUNE 2018

PLEASE PRINT YOUR DETAILS

1ST SURNAME: FIRST NAME: DATE OF BIRTH

2ND SURNAME: FIRST NAME: DATE OF BIRTH

ADDRESS : POSTCODE.....

TELEPHONE: MOBILE:

EMAIL ADDRESS: Please print -@.....

SIGNATURE OF 1ST APPLICANT: SIGNATURE OF 2ND APPLICANT:

SIGNATURE OF PROPOSER: SIGNATURE OF SECONDER:

PAYMENT METHOD:- CASH DIRECT DEBIT CHEQUE DATE/..../.....

HALF YEAR'S FEES APPLY FROM 1 Jan 2018-TO 30 JUNE 2018

Payment Details – Please complete		Group's Records	
<input type="checkbox"/> Single Membership - Full Year \$67 incl. GST Half Year \$33.50 incl. GST	\$	Receipt	
<input type="checkbox"/> Joining Fee – Single - \$10	\$		
<input type="checkbox"/> Family Membership - Full Year \$99 incl. GST Half Year \$49.50 incl. GST	\$	Date	/ /20
<input type="checkbox"/> Joining Fee – Family - \$15	\$	Membership No	
Name/s to be printed on Badge		Register Entry	/ /20
<input type="checkbox"/> I will collect my Clipper from the rooms		Name Card	/ /20
<input type="checkbox"/> I wish to receive the Clipper electronically		Letter Sent	/ /20
<input type="checkbox"/> Clipper Postage (if req) \$8.00 / \$4.00 (half year)	\$		
<input type="checkbox"/> I do NOT wish to receive the Clipper			
<input type="checkbox"/> Journal Sponsorship-Name of Journal Aus \$7 / \$3 .50 NZ \$10 / \$5 O'seas \$14 / \$7	\$		
<input type="checkbox"/> 100 Club Member	\$		/ /20
Total to be paid	\$		
		Information Book issued Latest Clipper issued	/ /20
<i>For your information - CFHRI holds public liability insurance in the amount of \$20,000,000</i>			
BANK DETAILS FOR DIRECT DEBIT:			
Bank:	Bendigo Bank, Caloundra		
BSB No.	633 - 108		
Account No:	146 865 399		
Please add:-	"M'ship + Your Name" in the Reference Box		