

# Family History Society of Rockingham & Districts Incorporated

ABN 20 143 695 821  
An Affiliated Society of the WA Genealogical Society Inc.



## Application for Membership 2018/19

This application form is to be completed and forwarded with the necessary payment either in person at the Society's Library or by mail to Treasurer, Family History Society of Rockingham & Districts Inc., PO Box 881, Rockingham 6968. The membership year is from **1st April 2018 to 31st March 2019**. We regret we do not have credit card facilities. **PLEASE PRINT CLEARLY.**

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone N° \_\_\_\_\_ Mobile N° \_\_\_\_\_ Email \_\_\_\_\_

I give permission to publish my contact details within the Society for administrative purposes, e.g. membership renewal, library rosters etc.

\*Joint membership is defined as a spouse and/or partner residing at the same address and only one newsletter will be distributed.

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

### ANNUAL RATES

Single (\$40.00)      \$ \_\_\_\_\_  
Joint\* (\$60.00)    \$ \_\_\_\_\_  
Library Donation    \$ \_\_\_\_\_

### PRO RATA (from 1<sup>st</sup> October)

Single (\$20.00)      \$ \_\_\_\_\_  
Joint\* (\$30.00)    \$ \_\_\_\_\_  
Library Donation    \$ \_\_\_\_\_

**TOTAL PAYABLE \$ \_\_\_\_\_**

How did you hear about the Society? \_\_\_\_\_

If you are able to assist the Society in any way, please tick as appropriate or add to the list below

Computer Assistance       Fundraising       Library Assistant       Committee

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for joining the Family History Society of Rockingham & Districts Inc.  
Your Membership Card will be forwarded by mail.**

#### Office Use Only

Date Paid \_\_\_\_\_ Receipt N° \_\_\_\_\_ Treasurer's Initials \_\_\_\_\_

Membership No. \_\_\_\_\_ Membership Secretary's Initials \_\_\_\_\_