

Family History Society of Rockingham & Districts Incorporated



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

Application for Membership 2019/20

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 2019 to 31st March 2020**. 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 1st 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 _____