

TAMWORTH & DISTRICT FAMILY HISTORY GROUP INC. – APPLICATION FOR MEMBERSHIP

Title..... **Full Name:**

Address:.....

..... **P/Code:**.....

Phone:..... **Date of Birth:**.....

(Required for Public Liability Insurance)

Emergency Contact: (optional)

Email: (please print)

[I HEREBY AGREE THAT I WILL NOT USE ANY OF THE GROUP'S RESOURCES AS A PROFIT MAKING VENTURE FOR MYSELF]

Fees: From 1 July each year:

Please return this form with your cheque/money order to:

\$30 Member

\$35 Family Membership

\$20 Students and Pensioners

\$5 Joining Fee

The Secretary,

Tamworth & District Family History Group Inc.

PO Box 1188

TAMWORTH NSW 2340

Or - Pay by Direct Deposit to our Account at Regional Australia Bank, BSB 932-000, Account Number 712849, Account name – Tamworth & District Family History Group. Please include your name in the deposit.

No:.....
Rec:.....
Cd:.....
Cd:.....
Puter:.....
Office Use Only