

**WAGGA WAGGA & DISTRICTY FAMILY HISTORY SOCIETY INC.**  
**PO BOX 307, WAGGA WAGGA, NSW 2650**  
**wwdfhs@yahoo.com.au**  
**Ph 02 59277217 (Open Hours only)**

**MEMBERSHIP RENEWAL**

Member No 1  
**Membership No** .....  
 Title: Dr / Sr / Mr / Mrs / Miss / Ms (please circle)  
 FAMILY NAME .....  
 GIVEN NAME .....

Family Member  
**Membership No** .....  
 Title: Dr / Sr / Mr / Mrs / Miss / Ms (please circle)  
 FAMILY NAME .....  
 GIVEN NAME .....

ADDRESS: Home  
 .....  
 .....  
 .....

Postal  
 .....  
 .....  
 .....

Please indicate if your **address has changed**

Yes / No

How do you wish to receive your **Newsletter**?

Post / email (please circle)

How do you wish to receive your **Journal**?

Post / pdf file (please circle)

**Email address** ..... **Phone No** .....  
 (optional)

TYPE OF MEMBERSHIP (please circle)

- 1. Ordinary: 1 July to 30 June**                      **\$38**
- 2. Pensioner: 1 July to 30 June**                      **\$28**
- 3. Family Member (living at same address)**                      **\$12**

**Please Note: Pension Number must be quoted to receive Pensioner Rate** .....  
**(Holders of a Seniors Card DO NOT qualify for Pensioner Rates)**

Please find enclosed **CASH / CHEQUE** (please circle) for \$ .....

Signature .....

Date .....

Do you require a Receipt?                      Yes / No (please circle)

Members wishing to pay by **Direct Deposit**.

- Please:**
1. Use your **Name & Member No.** as the Reference.
  2. **Email** the Society to let us know you have paid and if any of your details have changed.

**Direct Deposit Details**  
 Bendigo Bank  
 WW&D FHS Inc.  
 BSB: 633 000  
 Account No: 169210739  
**Reference:** Your Name  
 & Member No.

Master Roll (red)	Year Roll (computer)	Email Secretary	Receipt
Year Book (yellow)	Label List	Membership card	Filed