

WAGGA WAGGA & DISTRICTY FAMILY HISTORY SOCIETY INC.
PO BOX 307, WAGGA WAGGA, NSW 2650
wwdfhs@yahoo.com.au
Ph 02 5925 7217 (Open Hours only)

MEMBERSHIP RENEWAL

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

Family Member
Membership No
 Title: Dr / Sr / Mr / Mrs / Miss / Ms (please circle)
 FAMILY NAME
 GIVEN NAME
 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
(Only AGE Pension card holders qualify for Pensioner Rates)

Please circle method of payment **CASH / CHEQUE / DIRECT DEPOSIT** 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