

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 /Rev.^d /Sr /Mr /Mrs /Miss /Ms (please circle)

FAMILY NAME

GIVEN NAME

ADDRESS: Home

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Please indicate if your **address has changed**

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

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

Email address

Family Member
Membership No
Title: Dr /Rev.^d /Sr /Mr /Mrs /Miss /Ms (circle)

FAMILY NAME

GIVEN NAME

Postal

.....

.....

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Yes / No

Post / email (please circle)

Post / pdf file (please circle)

Phone No
(optional)

TYPE OF MEMBERSHIP (please circle)

1. Ordinary: 1 July to 30 June **\$40**

2. Pensioner: 1 July to 30 June **\$30**

3. Family Member (living at same address) **\$15**

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