



Moruya and District Historical Society Inc.

APPLICATION FOR MEMBERSHIP

APPLICANT 1 I, Mr/Mrs/Miss/Ms

Surname.....Given Name(s).....

Signature.....Date.....

APPLICANT 2 I, Mr/Mrs/Miss/Ms

Surname.....Given Name(s).....

Signature.....Date.....

ADDRESS**Postcode**.....

Postal Address (if different from above).....

Telephone: (H).....(B).....**Email Address:**

I hereby apply for membership of the Moruya and District Historical Society Inc, and agree to be bound by the rules.

To assist us with our insurance we would appreciate it if you could tick one of the following age categories.

Up to 18 19-50 51-70 71-85 86 +

TYPE OF MEMBERSHIP Please tick the appropriate box
<input type="checkbox"/> \$30 Single Membership
<input type="checkbox"/> \$40 Family Membership
<input type="checkbox"/> \$100 Friend of the Society
QUARTERLY JOURNAL
<input type="checkbox"/> I wish to receive the Journal via my email
PROPOSER I (full name)..... a member of the Society nominate this applicant/these applicants for membership of the society. Signed.....Date.....
SECONDER I (full name)..... a member of the Society nominate this applicant/these applicants for membership of the society. Signed.....Date.....

MY SKILLS AND INTERESTS HOW I CAN HELP
<input type="checkbox"/> Taking a turn on the roster for Museum opening
<input type="checkbox"/> Helping with restoration
<input type="checkbox"/> Helping with maintenance and cleaning
<input type="checkbox"/> Computer skills
<input type="checkbox"/> Taking a turn on the roster for the Genealogy Room
<input type="checkbox"/> Research and filing in history and genealogy
<input type="checkbox"/> Helping to organise outings
<input type="checkbox"/> Fund raising
Any other areas of interest?.....

OFFICE USE ONLY

Date Application Approved	Member No.	Receipt No.	Folder Issued	Member Card Issued