CALOUNDRA FAMILY HISTORY RESEARCH INC.
APPLICATION FOR MEMBERSHIP 1 JULY 2008 – 30 JUNE 2009
PLEASE PRINT

1ST SURNAME: ..... GIVEN NAMES: .....

2ND SURNAME: ..... GIVEN NAMES: .....

ADDRESS :..... POSTCODE.....

TELEPHONE: ..... EMAIL:.....@.....

Please print email username

SIGNATURE OF 1st APPLICANT: ..... SIGNATURE OF 2nd APPLICANT: .....

SIGNATURE OF PROPOSER: ..... SIGNATURE OF SECONDER: .....

ENCLOSED CHEQUE MONEY ORDER CASH DATE ...../...../200

HALF YEAR FEES APPLY FROM 1 JAN 2009

Payment Details – Please complete		**Group's Records**	
Single Membership Full Year $25 Half Year $14	**$**	**Receipt**	
Family Membership Full Year $35 Half Year $20	**$**	**Date**	**/ /200**
Joining Fee $5	**$ 5.00**	**Membership No**	
Badge/Lanyard **$4 per person**	**$ 4.00 / $8.00**		
Name/s to be printed on Badge		**Register Entry**	**/ /200**
Clipper Postage (if req) $5/$2.50	**$**	**Name Card**	**/ /200**
Journal Sponsorship-Name of Journal **Aus $5 / $2.50 NZ $8 / $4 O'seas $10 / $5**	**$**	**Letter Sent**	**/ /200**
Total to be paid	**$**	**Member's Interests Entry**	**/ /200**
	/ /20		
I Agree to My Details listed in the Members' Book	**Information Book received**		**/ /200**

For your information - CFHRI holds public liability insurance in the amount of $10,000,000

MEMBER'S INTERESTS 2008 - 2009

Please use Chapman Codes for Counties/States and Country Abbreviations

SURNAME	YEAR	PARISH/TOWN	COUNTY/STATE	COUNTRY