CALOONDRA FAMILY HISTORY RESEARCH INC.

APPLICATION FOR MEMBERSHIP 1 JULY 2009 – 30 JUNE 2010

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 2010

Payment Details – Please Complete			
□ **Single Membership Full Year $25 Half Year $14**	**$**	**Receipt**	
□ **Joining Fee – Single - $10** (incl. Information Book & Lanyard)			
□ **Family Membership Full Year $35 Half Year $20**	**$**	**Date**	**/ /20**
□ **Joining Fee – Family - $15** (incl. Information Book & Lanyards)	**$**	**Membership No**	
Name/s to be printed on Badge		**Register Entry**	**/ /20**
□ **Clipper Postage (if req) $6/$3** (half year)	**$**	**Name Card**	**/ /20**
□ **Journal Sponsorship-Name of Journal** **Aus $6 / $3 NZ $10 / $4 O'seas $12 / $6**	**$**	**Letter Sent**	**/ /20**
Total to be paid	**$**	**Member's Interests Entry**	**/ /20**
□ **I Agree to My Details listed in the Members' Book**	**Information Book received**		**/ /20**
For your information - CFHRI holds public liability insurance in the amount of $10,000,000			

MEMBER'S INTERESTS 2009 - 2010

Please use Chapman Codes for Counties/States and Country Abbreviations

SURNAME	YEAR	PARISH/TOWN	COUNTY/STATE	COUNTRY