CALOUNDRA FAMILY HISTORY RESEARCH INC.

APPLICATION FOR MEMBERSHIP 1 JULY 2011 – 30 JUNE 2012

PLEASE PRINT YOUR DETAILS

1ST SURNAME: ..... FIRST NAME: .....

2ND SURNAME: ..... FIRST NAME: .....

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

TELEPHONE: ..... Please print - **EMAIL ADDRESS:.....@.....**

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

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

PAYMENT: CHEQUE ☐ CASH ☐ DATE ...../...../20.....

HALF YEARS FEES APPLY FROM 1 JAN 2012 -TO 30 APRIL 2012

Payment Details – Please complete		**Group's Records**	
☐ **Single Membership Full Year $30 Half Year $15**	**$**	**Receipt**	
☐ **Joining Fee – Single - $10** (incl. Information Book & Lanyard)			
☐ **Family Membership Full Year $40 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) $7/$3.50 (half year)** ☐ **I do NOT wish to receive the Clipper**	**$**	**Name Card**	**/ /20**
☐ **Journal Sponsorship-Name of Journal** **Aus $7 / $3 .50 NZ $10 / $5 O'seas $14 / $7**	**$**	**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 2011 - 2012

Please use Chapman Codes for Counties/States and Country Abbreviations

SURNAME	YEAR	PARISH/TOWN	COUNTY/STATE	COUNTRY