CALOUNDRA FAMILY HISTORY RESEARCH INC.

Renewal Membership Form 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: .....

ENCLOSED CHEQUE MONEY ORDER CASH DATE ...../...../2009

Single Membership $25	**$**	**Receipt**	
Family Membership $35	**$**	**Date**	**/ /2009**
Caloundra Clipper Postage (if req) $6	**$**	**Membership No**	
Badge/Lanyard $4 per person	**$ 4.00 / $8.00**		
Journal Sponsorship-Name/s of Journal **Aus $6 NZ $8 O'seas $12**	**$**	**Register Entry** **Name Card**	**/ /2009** **/ /2009**
Total to be paid	**$**	**Member's Interests Entry**	**/ /2009**
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

May09