

EFTPOS.

WYONG FAMILY HISTORY GROUP Inc.

The Secretary P.O. Box 247 WYONG NSW 2259. Telephone 4351 2211

APPLICATION FOR NEW MEMBERSHIP 1. 7. 2024 - 30. 6. 2025



PLEASE PRINT VERY CLEARLY

FULL NAME / S Dr. Mr. Mrs. Ms. Miss.			
HOME ADDRESS			E
POSTAL ADDRESS (if different)		POST COD	Е
☎ CONTACT NUMBER/S			
EMAIL ADDRESS (lower case & very clearly - I	please)		
PAST / PRESENT OCCUPATION/S			
IN CASE OF AN EMERGENCY PLEASE CONT	ГАСТ	≅ NO	
SIGNATURE/S of APPLICANT/S			
JOINING DATE			
I WOULD BE WILLING TO HELP WITH:	RESEARCH RO	OM ASSISTANT (training	provided) 🗆
LIBRARY ROOM HELPER	DATA COLLE	CTION FUNDRAIS	ING □
For our Personal Accident Voluntary	y Workers Policy, _l	olease circle appropriate age	bracket/s.
10 - 50. 51	- 70. 71 - 85.	86 and over.	
Have you previousl	ly been a member o	f WFHG? Yes / No	
How did you hear about W.F.H.G.Inc.? For your Research Surnames to be published www.wyongfamilyhistory.com.au >, then to General and/or Convict, download the form	l on our webpage - o - Resources - Men	go to our website < nbers Interests - Member re	
FEES JOINING FROM	SINGLE IEMBERSHIP	FAMILY MEMBERSHIP	f
1 July 2024 - 30 June 2025	40.00	50.00	
This membership is subjec	t to acceptance by	the Management Committee	•
For Direct Deposit payments the Group's acc A/c Name: WYONG FAMILY HISTORY GROUP Please include the word <i>Membership</i> + you then post this completed form to the Secretar Please make all cheques / money order	P INCORPORATED WAR NAME in the decry or deliver to The	BSB: 633 000. Account tails section so we can iden <i>Cottage</i> .	No: 145003679. tify your payment
Nominator (print)	Signatur	e Date e Date	

WFHG Receipt Number _____ New Members Kit _____