

WYONG FAMILY HISTORY GROUP Inc.

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

APPLICATION FOR MEMBERSHIP RENEWAL 1.7.2024 - 30.6.2025



PLEASE	PRINT	VERY	CLEA	ARLY
--------	-------	------	------	------

FULL NAME / S Dr. M	Ir. Mrs. Ms. Mis	s				
HOME ADDRESS						
					POST CODE	
POSTAL ADDRESS (if	different)					
☎ CONTACT NUMBE	R/S					
EMAIL ADDRESS (lov	ver case & very cle	early - please)				
PAST / PRESENT OCC	UPATION/S _					
IN CASE OF AN EMER	RGENCY PLEASI	E CONTACT			2 NO	
SIGNATURE/S of APP	PLICANT/S					
RENEWING DATE			MEME	ERSHIP	NUMBER/S	
					FUNDRAISI e appropriate age	
	10 - 50.	51 - 70.	71 - 85.	86 a	and over.	
<u>FEES</u> REJOINING FROM		SING: MEMBEI			MILY BERSHIP	A
1 July 2024 - 30 June	2025	40.0	0	5	0.00	
For Direct Deposit pay A/c Name: WYONG F Please include the wo then post this complet Please make a	AMILY HISTORY of the South of t	GROUP INCORI + YOUR NAME ecretary or deli	PORATED in the deta	BSB: 63 ils sectio <i>Cottage</i> .	3 000. Account N	io: 145003679. ify your payment,
Received by	D	ate	Cas	sh.	Direct Deposit.	C.C. Online
EFTPOS Cheque / 1	Money Order Nu	ımber	v	VFHG R	eceipt Number	