



NSW & ACT ASSOCIATION OF FAMILY HISTORY SOCIETIES INC.

Website: www.nswactfhs.org

ABN 40 823 004 738
P.O. Box 3230
UMINA BEACH NSW 2257
Email: nswact@gmail.com

RENEWAL OF MEMBERSHIP - Year commencing 1 July 2009

NAME OF SOCIETY:

POSTAL ADDRESS:

.....**Post Code**

PHONE:

FAX:

* **E-MAIL (please)**

* **WEB PAGE**

* **SOCIETY CONTACT The Secretary:**.....

Phone:.....**Hours:**.....

NUMBER OF MEMBERS:

YEAR OF INCORPORATION:

CATEGORY OF MEMBERSHIP: Full **or Associate**.....

FEES ENCLOSED: **Amount \$** **Cheque No:**.....

FEES PAYABLE:

- \$32.00 for societies with less than 100 members
- \$53.00 for societies with 100 to 200 members
- \$75.00 for societies with more than 200 members
- \$32.00 for Associate membership

Society Executive:

PRESIDENT:
Print name

SECRETARY:
Print name

• **AGM DELEGATE:****is empowered to vote on behalf of this society until accreditation is revoked by us in writing**

* *Please make sure these sections are updated and display the current information*

Signed this _____ day _____ of 2009

PRESIDENT

SECRETARY

NB: THIS PART IS VERY IMPORTANT PLEASE INDICATE WE GIVE PERMISSION FOR THE ABOVE INFORMATION TO BE PUBLISHED YES/NO PLEASE CIRCLE ONE