



**NSW & ACT ASSOCIATION OF FAMILY HISTORY SOCIETIES INC.**

Website: [www.nswactfhs.org](http://www.nswactfhs.org)

**ABN 40 823 004 738**  
**P.O. Box 3230**  
**UMINA BEACH NSW 2257**  
Email: [nswact@gmail.com](mailto:nswact@gmail.com)

**MEMBERSHIP FORM - 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**