

RYLSTONE & DISTRICT HISTORICAL SOCIETY

P.O Box 66, Rylstone. 2849



APPLICATION FOR MEMBERSHIP

GIVEN NAMES: Preferred Name.....

SURNAME:Mr/Mrs/Miss/Ms/other.....

HOME ADDRESS:

.....Postcode:

MAILING ADDRESS:

.....Postcode:

OCCUPATION: (or former occupation)

PHONE: MOBILE:

EMAIL:

INTERESTS:

Newsletter to be delivered by EMAIL POST

Annual Membership Fees: *Please tick* Full-time student membership \$11

Full membership \$22 Partner of full member \$11 Pensioner membership \$11

I apply to become a member of the Rylstone & District Historical Society Inc. I understand membership is subject to acceptance by the Committee. In the event of my admission as a member I agree to be bound by the constitution of the association for the time being in force.

Signature..... Date:

Proposer: Name:

Signature: Date:.....

Seconder: Name:

Signature: Date:.....

Please indicate your preferences regarding these privacy options.

I understand RDHS must have a list of members available in the office. I give permission for my address, email and phone number to also be made available to other members.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand photos of RDHS activities will be included in a variety of publications printed, in the press, online and for publicity purposes. I give permission for RDHS to use photos that include my image.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Membership Fees are due by 30th June each year.

Office Use. Receipt No: