

# RYLSTONE & DISTRICT HISTORICAL SOCIETY

P.O Box 66, Rylstone. 2849



## MEMBERSHIP RENEWAL

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 membership \$22  Partner of full member \$11

Pensioner / Seniors Card membership \$11  Full-time student membership \$11

I apply to renew my membership of the Rylstone & District Historical Society Inc. As a member I agree to be bound by the constitution of the association for the time being in force.

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 30<sup>th</sup> June each year.***

*Office Use. Receipt No: .....*

