

BLUE MOUNTAINS FAMILY HISTORY SOCIETY Inc

PO Box 97
SPRINGWOOD. 2777
www.rootsweb.ancestry.com/~nswbmfhs

Membership Application/Renewal

Name : 1..... 2.....

Address:

Postal Address:..... Postcode:

Email Address:(please print) Phone Contact:

hereby apply to become a member/s of the above named incorporated association. In the event of admission as a member/s we agree to be bound by the Constitution and By-Laws of the Society for the time being in force.

Signatures: 1. 2.

Date: NOTE: Membership & associated benefits lapse if renewal is not made by March 31st.

MEMBERSHIP FEES

Full membership from 1st January to 31st December

Single	30.00
Joint (two persons at the same address)	40.00
Postage for magazines	7.50

Partial membership fees for NEW members ONLY

After 1 st July		
Single	15.00
Joint	20.00
Postage	5.00
After 1 st October		
Single	7.50
Joint	10.00
Postage	2.50

TOTAL: \$ _____

Payment methods:-

Cash; Cheques payable to BMFHS Inc or

EFT (Direct Debit)

Account Name: Blue Mountains Family History Society Inc. (BMFHS)

BSB: 062 601: **Account No:** 2801 7689

EFT Reference: your surname. (this must be included)

Signed application form to be received by the BMFHS before your membership card is issued.

OFFICE USE : **SUBSCRIPTION YEAR.**

Receipt No: _____ Date: _____ Membership No: _____

Amount: \$ _____ : Cash : Cheque : Bank Deposit Date: _____

Magazine Postage: _____ Membership Card Issued : New Member's Kit