

Membership Renewal of Bathurst Family History Group Inc. your choosing, complete form, then attach completed file to an email.

Either print form, complete & post or email Or 'Save As' a pdf file at a place of

Registration number Y0513401 (Incorporated under the Associations Incorporation Act 2009)

PO Box 1058, Bathurst NSW 2795 info@bathurstfhg.asn.au

Phone: 0479 041 058 www.bathurstfhg.asn.au ${\it Facebook.com/BathurstFamilyHistoryGroup}$

Preferred Title:	Mr	Mrs	Ms	Miss	Dr	Other		Membersl	hip Number:			
First Name						Family name						
Postal Address:						Town			Postcode	!		
Desidential address	/:C -l:CC	+ 6										
Residential address (if different from above):												
Telephone Number	hila Nur	nher:										
Telephone Number: Mobile Number:												
E-mail address: (please print)												
E-mail address: (pie	ease print,)										
In renewing my membership I agree to be bound by the constitution, code of conduct and ethics of the association and the publication of personal												
details:								one:	Mobile:	Email:		
		,		n Carillon Ch	imes: Ye	s No	Yes	No	Yes No	Yes	No >	
		/		on BFHG We		s No	Yes	No	Yes No	Yes	No	
I Include Annual Membership Renewal fee of \$25 due by 1 July Total: \$												
Subscriptions must be paid before the AGM to entitle a member to yota. If a member has not renowed before 1 October, they will coase to												
Subscriptions must be paid before the AGM to entitle a member to vote. If a member has not renewed before 1 October, they will cease to be a member. If renewal of membership after 1 October is sought, then a joining fee will be required in addition to the annual subscription.												
Payment Method:												
Cash	Cheque			(Payable to	Bathurst Fo	amily History Group	nc.) A	Amount pai	d: \$			
EFT	(1),, (1)											
EFT Banking Details:	Reference	::							Deposit, please incl the Reference so t		,	
BSB: 082-441 NAB Bathurst						identify your p	-	number us	the Rejerence so t	nat we can	ı	
		lo: 215485025		listory Croup	Inc							
	ACCOUNT N	Tallie. Batilu		History Group								
Credit Card Numb	er: 🔲 🛚	┙⊔┖	┙ШL	$\sqcup \sqcup \sqcup$	$\sqcup \sqcup$	J L L L	$\sqcup \sqcup$		Expiry Date:	$ \square / \square$		
Name as it appear	s on cred	it card (please prir	nt)		Cardholder's	signatu	re				
									Date:	/	/	
ENQUIRIES: E-mail: memsec@bathurstfhg.asn.au						OST TO: PC) Box 10	58. Bathu	rst NSW 2795	/	/	
Phone: 0479 041 058								-	tfhg.asn.au			
OFFICE USE												
Application received:					M	Membership card mailed:						
Payment received:					DE	DB updated:						
Receipt No:					_ w	Web updated:						
Checked for changes:					En	nail list updat	ed:					