

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 Facebook.com/BathurstFamilyHistoryGroup

Preferred Title: Mr	Mrs N	As Miss	Dr	Other	Me	Membership Number:				
First Name				Family name						
Postal Address:				Town			Po	ctcodo		
Postal Address:				TOWIT		Postcode				
Residential address (if differen	t from above):									
Telephone Number:		1	Mobile N	umber:						
E-mail address: (please print))			grant permissio	n to the BF	HG to	use photo	ographs	s and/or	
" ,				video of me in publications, news releases and in communications						
				related to the BF	FHG Inc.		Yes 🔘		No 🔘	
In renewing my membership I ag	ree to be bound	by the constitution	on, code of	conduct and ethi	ics of the ass	ociatio	n and the	publica	tion of pe	ersonal
details:	Date			Address:	Phone:		Mobil	e:	Email:	
	/ /	In Carillon				lo	Yes	No	Yes	No >
		On BFHG V		'es No	Yes N		Yes_	Nc .	Yes	No
I Include Annual Membership Renewal fee of \$30 due by 1 July Total: \$										
or Family membership for 2 members living at the same address of \$50 plus \$10 pa. if you require a printed copy of the Carillon Chimes (in addition to the free electronic version)										
Subscriptions must be paid bef				es (iii addition	to the net	e elec	uonic ve	:151011)		
Payment Method:										
Cash Cheque		(Payabl	e to Bathurst	Family History Group	Inc.) Amo	unt pai	id: \$			
EFT Masterca	rd Visa			, , ,		•				
EFT Banking Details: Reference	:			If sending pay						
BSB: 08		Name and Me identify your p		nber as	тпе кејеге	nce so tr	nat we can			
Account N	220331				,					
Account N	ame: Bathurst F	amily History Grou	up Inc.			_				
Credit Card Number:	$\sqcup \sqcup \sqcup \sqcup$	$\sqcup \sqcup \sqcup \sqcup$	╛Шҍ		J∐L	Ш	Expiry Da	ite: 🗌	\square / \square	
Name as it appears on credi	t card (plea	 se print)		Cardholder's	 signature			v on ba		
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ENQUIRIES: E-mail: memsec@bathurstfhg.asn.au Phone: 0479 041 058					Box 1058,					
	041 058			EMAIL TO: tre	easurer@ba	atriurs	ting.asm.	au		
OFFICE USE										
Application received:				Membership card mailed:						
Payment received:				DB updated:						
Receipt No:				Web updated:						
Checked for changes:				web apaatea.						
Checked for changes.				Email list update	ed:					