



Cairns & District Family History Society Inc

PO Box 502, Manunda QLD 4870
 T: 07 4031 8118 ABN 52 621 991 909
 Email: membership@cdfhs.org
 Website: cdfhs.org

MEMBERSHIP FORM

- New Application
 Renewal

Please PRINT clearly

APPLICANT INFORMATION

Preferred Title:	Surname:	First name:
Postal Address:		
Preferred Phone:	Alternate Phone:	
Email address:		

ADDITIONAL FAMILY MEMBERS at same address; up to 2 adults; plus children under 18 (for Family Memberships only)

Preferred Title:	Surname:	First name:
Email:		
Preferred Title:	Surname:	First name:
Email:		
Preferred Title:	Surname:	First name:
Email:		

MEMBERSHIP TYPE

Please tick:	Amount	
Single <input type="checkbox"/>	\$50	Note: \$5 concession for members on full Aged Pension or full Disability Support Pension only; Please show your concession card to the Treasurer (or other representative) for verification.
Family <input type="checkbox"/>	\$65	
Student under 25 <input type="checkbox"/>	\$15	
Donation (optional) <input type="checkbox"/>		Note: Donations of \$2 or more are Tax Deductible
Total Amount Payable:		\$

PAYMENT METHODS

Cash in person: CDFHS Resource Centre, 271 Gatton Street, Westcourt

Cheque by mail: PO Box 502, Manunda QLD 4870

Direct Deposit to Commonwealth Bank: BSB: 064804 Account: 10023091 (Please include your full name in the transaction reference details)

PayPal or Credit Card online – go to our website: [Single Membership](#) [Family Membership](#) [Student Membership](#)

CONSENTS

I/we consent to the Members' publications being sent to my/our email address.

I/we agree to be bound by the rules of the Cairns & District Family History Society Inc. which are available for viewing on our website.

I/we agree that any work carried out or created by me/us, on behalf of the Society, remains the property of the Society.

AUTHORISATION - Please Sign the Form, and return it to CDFHS together with your payment or details of your electronic payment.

Signature	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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OFFICE USE ONLY

If new member:	Checklist:	Membership No:	Amount Received	
			Cash	\$
Nominated by:	New Member Kit <input type="checkbox"/>	Receipt Number:	Cheque	\$
Seconded by:	Members Interest <input type="checkbox"/>		Direct Dep	\$
Assistant's Signature:	Surname Interests <input type="checkbox"/>	Date Received:	Total	\$
Date Processed:	Voluntary Activities <input type="checkbox"/>			

