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:

Age Range: (please tick) Under 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ Over 80 ☐

Residential Address:

Postal Address: (if different from above)

Telephone: Home: Mobile/Work:

Email:

Skills/Occupation: (optional)

ADDITIONAL FAMILY MEMBER IF JOINT MEMBERSHIP

Preferred Title:	Surname:	First name:

Age Range: (please tick) Under 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ Over 80 ☐

Telephone: Home: Mobile/Work:

Email:

Skills/Occupation: (optional)

MEMBERSHIP TYPE

Please tick:	Concession	Regular	Amount	
Single ☐	$45 *	$50		Note: If you are claiming a concession, please show your concession card to the Treasurer (or other representative) for verification.
Family ☐	$60 *	$65		
Student under 25 ☐	$15 *	-		
Donation (optional) ☐				Note: Donations of $2 or more are Tax Deductible
		Total Amount Payable:	**$**	

PAYMENT METHODS

Cash ☐ in person: CDFHS Resource Centre, 20-30 Hartley Street, Cairns

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)

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 or your electronic payment.

Signature _____ Signature _____ Date _____

OFFICE USE ONLY

If new member:	**Checklist:**	Membership No:	**Amount Received**	
Nominated by:	New Member Kit ☐		Cash	$
Seconded by:	Members Interest ☐	Receipt Number:	Cheque	$
Assistant's Signature:	Surname Interests ☐		Direct Dep	$
Date Processed:	Voluntary Activities ☐	Date Received:	**Total**	$

SPECIAL INTEREST GROUPS

Tick the checkbox to be added to the interest group mailing list. NB: You can edit your preferences anytime at: http://eepurl.com/7sPkf

☐ DNA Interest Group

VOLUNTARY ACTIVITIES

Your Society depends on voluntary help. Please indicate if you are willing to help with any of the following activities:

☐ Fundraising	☐ Research Assistant (Library)	☐ Advertising	☐ Data entry (at home or Society)
☐ Newsletter	☐ Website &/or Social Media	☐ IT & Systems	☐ Other:

MEMBER SURNAME INTERESTS (Optional – only required if submitting surname details for the first time or making subsequent changes)

Refer to our **Members Surname Interests List** on our website: http://cdfhs.org/members-surname-interests

New Members: If you would like your surname interests included in our Member Surname Interests List on our website, please list the details in the table below, or supply a digitised list in the same format as below.

Renewing Members: Please check your existing surname interests on our website (via the link above) and submit any additions, deletions or corrections in the table below, or supply a digitised list in the same format as below.

☐ I/we give consent for my/our Member Surname Interests to be published together with a link to my/our email address(es) on the Society's website	Signature:

Please PRINT clearly

Surname only	Period	Country	State/County	Location
Eg. Anderson	1820-1870	England	Wiltshire	Trowbridge