

MOUNT VICTORIA AND DISTRICT HISTORICAL SOCIETY INC.

ABN 97 817 923 297

Mount Victoria Railway Station

35A Station Street, Mount Victoria NSW 2786

APPLICATION FORM FOR RENEWAL FOR 20__ to 20__

NEW MEMBERSHIP FROM 20__ to 20__

NEW MEMBERS AND RENEWALS:

SURNAME _____ TITLE _____

GIVEN NAMES _____

ADDRESS _____

TELEPHONE _____ MOBILE _____

EMAIL ADDRESS _____

NEW MEMBERS ONLY:

I APPLY TO BECOME A MEMBER OF THE ABOVE INCORPORATED ASSOCIATION AND
IN THE EVENT OF MY ADMISSION AS A MEMBER I AGREE TO BE BOUND BY THE
CONSTITUTION OF THE ASSOCIATION.

SIGNATURE _____ DATE _____

AGE BRACKET (please tick your age bracket, this is needed for voluntary workers'
insurance cover)

18-50 51-70 71-85 85+

I _____ (full name)
a member of the association nominate the applicant for membership of the association.

SIGNATURE OF PROPOSER _____ DATE _____

I _____ (full name)
a member of the association second the nomination of the applicant for membership of the
association.

SIGNATURE OF SECONDER _____ DATE _____

ANNUAL FEES ARE PAYABLE BY 1 JULY EACH CALENDAR YEAR THE AMOUNT
BEING DETERMINED BY THE COMMITTEE, CURRENTLY THESE ARE:
A JOINING FEE OF \$1 AND AN ANNUAL FEE OF \$10.

**For direct deposit – Commonwealth Bank – Mount Victoria & District Historical Society Inc
– BSB - 062507 Account number - 00900672 include initials & surname**

NOTE: Neither of the below is compulsory!

As a member of the Society are you prepared to do: Door Duty.....Y/N

If YES a Working With Children Certificate (WWCC) is required.

This is to be produced for verification to the Society Secretary.

As a Member of the society are you willing to help on Thursday Busy Bee Day (This may include
cleaning duties).....Y/N

Date of acceptance:

Receipt#