



# Cape Banks Family History Society Inc.

Postal Address: PO Box 67, Maroubra, NSW 2035

Research Rooms: Coast Centre for Seniors, Frangipani Room, 2 Curie Avenue, Little Bay

Website: <https://capebanks.org.au> Email: [secretary@capebanks.org.au](mailto:secretary@capebanks.org.au)

## New/Renewal Membership Form 2023-2024

1 October 2023 to 30 September 2024

Please return this form with your subscription.

**Please tick relevant box:**

New Membership

Renew Membership

Name(s): .....

Membership No(s): ..... (Membership Renewal only)

Address: .....

Postcode: ..... Phone: .....

E-mail (Please print): .....

**Emergency Contact (Optional) Name:** ..... **Phone:** .....

**Category (Tick relevant box):**

Single

Family

(Family Membership is for two family members living at the same address)

**Membership Fees:** (Please tick relevant boxes)

\$5.00 Joining fee per person (new member(s) only)

\$48.00 Single membership

\$65.00 Family membership

\$AUD55.00 Overseas membership (includes airmail postage)

\$20.00 Extra for postage of Journal & Newsletter **OR**

\$8.00 Postage of Journal only & Email PDF copy of Newsletter

**Total: \$ .....**

**How did you find out about Cape Banks Family History Society Inc?**

.....

Signed: ..... Date: .....

I give permission for my name and address to be recorded on Cape Banks FHS Inc. membership list and email system for Society use only.

Signed: ..... Date: .....

**Fees payable:** Please complete the form and return to the society, along with your payment. Payment can be made at the rooms by cheque or with the correct amount of cash (no change given) or cheques can be sent by post. Cheques to be made out to Cape Banks FHS Inc. If you wish to pay by Direct Deposit, see details below.

**Account Name:** Cape Banks Family History Society Inc. **Bank:** Commonwealth Bank

**Branch:** Maroubra

**BSB:** 062198

**Account No:** 00906869

**Reference:** Your Membership Number (if unknown then use your name)

If paying by Direct Deposit, please email confirmation of payment to the society.

**Society use only:** (to be completed by enrolling Librarian and Membership Secretary)

Membership No:		Payment:	\$	Cash/EFT:	
Receipt No:		Date Card Issued:		Cheque:	