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

New/Renewal Membership Form 2026-2027

1 October 2026 to 30 September 2027
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)

☐ $55.00 Single membership

☐ $70.00 Family membership

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

☐ $22.00 Extra for postage of Journal & Newsletter **OR**

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

Total: $ ……

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:	