



MEMBERSHIP APPLICATION FORM

Central Coast FHS Inc.

Year 2017-2018
 My Membership
 No:

Research Centre - 8 Russell Drysdale Street, East Gosford
 P.O. Box 4090, East Gosford NSW 2250
 Phone: 02 43245164
 ABN 30 269 707 398
 Email: admin@centralcoastfhs.org.au
 Website: www.centralcoastfhs.org.au

Name (Mr/Mrs/Miss/Ms)

Address

Post Code

Email address

Phone

- I understand my name/address will be entered on a membership register in the Research Centre YES / NO
 I understand a Day User fee of \$2.50 per visit for members will supplement resource expenditure YES / NO
 I understand that work carried out by me on behalf of the CCFHS Inc remains the property of the Society YES / NO
 I agree to purchase at least \$10.00 worth of Rotary Raffle Tickets to be returned before Jan. YES
AND / OR
 I will agree to donate \$10 for the equipment fund YES

Signature

TYPE OF MEMBERSHIP (incl. GST) *(Please circle appropriate category)*

New Membership

SINGLE plus JOINING FEE: \$45.00 + \$10.00 JOINING FEE:

JOINT plus JOINING FEE: \$65.00 + \$10.00 JOINING FEE:

Renewal

SINGLE: \$45.00

JOINT: \$65.00

(2 adults or 1 adult and 1 child residing at the same address.)

A late joining fee will be due after 30th June of any given year.

OFFICE USE ONLY	Credit Card Payment by mail/fax only
#4001 Equipment Fund – Donation	Charge my credit card Expiry Date: - ____ / ____
#5600 Joining Fee	Card No: ____ / ____ / ____ / ____
#5601 New Single	Name on Card:
#5602 New Joint Membership	
#5603 Renew Single	DIRECT DEBIT:
#5604 Renew Joint Membership	ANZ Bank – Fountain Plaza Erina
#5607 Upgrade Single to Joint Membership	BSB: 012621 Account No: 203413323
RECEIPT NO:	Membership No. for reference:
AMOUNT	Beginners Kit Issued Yes / No
CASH / CHQ / EFTPOS	Membership card Issued / Posted
DATE	Signature of Assistant