

APPLICATION FOR MEMBERSHIP of the WAGGA WAGGA & DISTRICT HISTORICAL SOCIETY INC. (incorporated under the *Associations Incorporation Act 2009*)

| APPLICANTS DETAILS | |
|--------------------------------|------------|
| TITLE: Mr Mrs Ms Drother: | |
| NAME: | |
| STREET ADDRESS: | |
| CITY: | POST CODE: |
| PHONE: | |
| EMAIL: | |

I,hereby apply to become a member of the Wagga Wagga & District Historical Society Inc.

Signed:

Date:

| MEMBERSHIP CLASSIFICATION | | |
|---------------------------|--------------------------|--|
| SINGLE | <input type="checkbox"/> | DOUBLE <input type="checkbox"/> |
| \$20 | \$30 | |

Please forward completed form and cheque to the following address:

Attention: The Secretary

Wagga Wagga & District Historical Society Inc.

PO Box 90, Wagga Wagga. NSW. 2650

Electronic payment also accepted – details as follows:

Wagga Wagga & District Historical Society

BSB: 062600

Account: 00800270

Processing of Application – Office Use Only

Approved by Management Committee

Signature of Chairperson

Applicant Advised (enter date of correspondence):