

Benalla & District Family History Group.

APPLICATION FOR MEMBERSHIP WELCOME

Name:.....(Nee).....

Address:.....

Phone:Email:.....

Date of Birth:..... (Optional)

Names Being Researched:

.....
.....

Joining Fee: \$15

Subscription Fee:

Single \$40

Pro Rata

Dual \$53

(1st Jan -30th June)

Responsibility Agreement

I Hereby accept full responsibility for any borrowed article whilst in my possession. In the event of fire, theft, and/or misadventure, I agree to cover all costs of the replacement of same, within a reasonable period of time.

Signed:

Dated:

Contact Permission

I do/do not agree to having my contact details forwarded outside of the Group. **(Refer Privacy/Ethics Policies)**

Signed:

Date:

Office Use Only

Financial Date: Executive Officer: