

Membership Application and Renewal Form (v 2021-MJ1)

<p>Member 1 Member Number</p> <p>Surname Title</p> <p>Preferred Name/s</p> <p>Email address</p> <p>Mobile number</p> <p>Home phone number</p> <p>Date of Birth* (dd/mm/yyyy)</p> <p><i>* Required for insurance purposes.</i></p>	<p>Member 2 Member Number</p> <p>Surname Title</p> <p>Preferred Name/s</p> <p>Email address</p> <p>Mobile number</p> <p>Home phone number</p> <p>Date of Birth* (dd/mm/yyyy)</p> <p><i>* Required for insurance purposes.</i></p>
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If you are applying for a concession membership, please provide the following information. *Please note, you may be required to provide a copy of the concession card.*

<p>Type of concession card (no other cards are accepted)</p> <p><input type="checkbox"/> Health Care Card</p> <p><input type="checkbox"/> Low Income Health Care Card</p> <p><input type="checkbox"/> Pensioner Concession Card</p> <p><input type="checkbox"/> Veteran Gold Card</p> <p><input type="checkbox"/> Veteran White Card</p> <p><input type="checkbox"/> Veteran Orange Card</p> <p>Concession card number</p>	<p>Type of concession card (no other cards are accepted)</p> <p><input type="checkbox"/> Health Care Card</p> <p><input type="checkbox"/> Low Income Health Care Card</p> <p><input type="checkbox"/> Pensioner Concession Card</p> <p><input type="checkbox"/> Veteran Gold Card</p> <p><input type="checkbox"/> Veteran White Card</p> <p><input type="checkbox"/> Veteran Orange Card</p> <p>Concession card number</p>
<p>Postal Address</p> <p>.....</p> <p>.....</p>	<p>Home Address <input type="checkbox"/> Same as postal address</p> <p>.....</p> <p>.....</p>

Communication preferences for receiving general emails and/or newsletters sent from Family History ACT.

<p>Do you wish to receive general emails? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you wish to receive newsletters? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you wish to receive general emails? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you wish to receive newsletters? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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By filling in the membership form and requesting membership of Family History ACT (FHA) I/we agree to abide by (1) the Constitution, Bylaws & Policies and (2) the Terms and Conditions for Website Use and understand the details on this form will only be used by the FFACT to maintain correct records.

<p>Signature</p> <p>Date</p>	<p>Signature</p> <p>Date</p>
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Please look on our website for information on

- (1) Constitution, Bylaws & Policies
- (2) Terms and Conditions for Website Use
- (3) Privacy Policy
- (4) Membership Benefits

For new members, how did you find out about Family History ACT?

Fee Structure

Joining Fee* \$20.00 \$
(Fee for new members and members who have lapsed for more than 12 months)

Individual Membership

Individual – full 1yr \$81 2yr \$162 \$

Individual – concession 1yr \$76 2yr \$152 \$

Joint Membership

Joint – full 1yr \$122 2yr \$244 \$

Joint – concession 1yr \$112 2yr \$224 \$

The Ancestral Searcher, our quarterly journal, is distributed electronically (digitally by email) unless otherwise requested.

Printed Journal posted*

1yr \$15 2yr \$30 \$

Journal-Only Subscription – Australian address

Digital* 1yr \$35 \$

Printed* 1yr \$35 \$

Journal-Only Subscription – Overseas address

Digital 1yr \$35 \$

Printed 1yr \$45 \$

Library Fund Donation (tax deductible) \$

Total \$.....

* Includes GST, all other prices are GST free.

I wish to pay by (please tick):

Bank Transfer Cash Cheque Credit Card

Bank Transfer – deposit into Bendigo Bank BSB 633000 Account# 165578816 with a reference of your name and membership number (if known).

Cash – can be paid at library during opening hours.

Cheque – can be handed in at library during opening hours or posted to PO Box 152, Jamison Centre ACT 2614

Credit Card Payment Details

Credit Card Number: _____ - _____ - _____ - _____ Expiry Date: ____ / ____ CVV: _____

Name on Card: Signature:

Date: / /