

Membership Application and Renewal Form (v 2022.1)

<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 be used by the FHA to maintain correct records, provide services and undertake administration.

<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	(3) Privacy Policies
(2) Terms and Conditions for Website Use	(4) Membership Benefits
Copies of information also available on request to the Secretary. Email secretary@familyhistoryact.org.au	

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 or 2yr \$162 \$

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

Joint Membership

Joint – full 1yr \$122 or 2yr \$244 \$

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

(Membership includes a digital version of *The Ancestral Searcher*, our quarterly journal, sent to your email address)

For a printed copy of *The Ancestral Searcher* journal* sent by post, please add:

1yr \$15 or 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: / /