

Please Print



Application for New Membership

Membership Type (Please Tick)

Application Date:

Couple

Family

Single

Junior

Corporate

Membership Fees:	
Couple \$20.00	Family \$30.00
Single \$15.00	Corporate \$50.00

Years Paid

First Name(s):

Surname(s):

Postal Address:

.....

Phone:

Email:

Are you, or do you wish to be a AHS Volunteer? Yes No

Have you, or any applicant, been a Member of the AHS previously? Yes No

Payment Method: Cash EFT DBT Cheque Visa/M-Card

Bank Account Details: BSB 086-518 Acc 508300610

Postal Address: PO Box 411 Albany W.A 6331

Street Address: 37 Duke Street CBD Albany WA 6330 (You may return your completed form by hand to this address or post to the above postal address, or alternately you may email to historic.albany@outlook.com)

By signing below, I/we agree to abide by the by-laws and governing rules of the Albany Historical Society (Inc). I/we understand this application for membership is subject to the approval of the Committee of the Albany Historical Society (Inc).

Signature(s):

Admin Use:
Years Paid:.....Receipt Number:.....
Membership Card Issued Date:.....
Membership Pack Sent:.....Issuer Name:.....