

Please Print



# Renewal of Membership

Membership Type (Please Tick)

Renewal Date: .....

Couple

Family

Single

Junior

Corporate

**Annual Membership Fees:**  
 Couple: **\$20.00** Family: **\$30.00**  
 Single: **\$15.00** Junior: **\$10.00**  
 Corporate: **\$50.00**  
 Membership 1<sup>st</sup> July-30<sup>th</sup> June

Years Paid

First Name(s): .....

Surname(s): .....

Postal Address: .....

Phone: .....

Email: .....

Member Since: .....

Are you, or do you wish to be a AHS Volunteer?  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](mailto: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).

Signature(s):

.....

<b>Office Use:</b>	
Renewal Entry Date: .....	System Entry Date: .....
Membership Number: .....	Years Paid: .....