



MANDURAH FAMILY HISTORY SOCIETY (Inc)

Affiliated with Western Australian Genealogical Society Inc

T: 08 9586 9760

E: mfhs@westnet.com.au

W: mfhs.org.au

Research Rooms: Corner of Third Avenue & Jack Ireland Park Road, Mandurah, Western Australia

Postal Address: PO Box 1091, Mandurah WA 6210

MEMBERSHIP RENEWAL FORM

From 1 April to 31 March

Tax Invoice ABN: 38098 382 989

(Please print clearly)

Surname (Mr, Mrs, Miss, Ms, Dr): _____ Member No: _____

Given Names: _____ Preferred Name: _____

Address: _____

Suburb/Town: _____ Post Code: _____

Telephone (home): _____ Mobile No: _____

Email Address: _____

Joint Member (if applicable, living at same address as above)

Surname (Mr, Mrs, Miss, Ms, Dr): _____ Member No: _____

Given Names: _____ Preferred Name: _____

The Society's Newsletter will be emailed to the above email address.

If you have no email address, how do you wish to receive the newsletter?

Collected from the Resource Rooms by you or by post?

If you are not already a volunteer can you spare a few hours a month to help the Society? Yes / No
If yes, the Society will contact you.

In order to try and reduce postage costs, you will be emailed when your renewed membership card(s) is/are ready for collection from the Resource Rooms.

If you want your renewed membership card(s) to be posted to you, please tick this box.

Annual Membership Subscription

	SINGLE Membership	\$35.00
OR	JOINT Membership	\$54.00
	Donation (Optional)	\$.....
	Total Payment	\$.....

Date..... cash cheque *bank transfer

*** for Bank Transfer Payments:** Bendigo Bank, Halls Head, **Account Name:** MFHS
BSB: 633 000, **Account No:** 159 388 669

Enter your surname(s) and initial(s) in the narration box of the Bank Transfer. Once you have completed the bank transfer, either hand in, email a scan or post this renewal form to Mandurah Family History Society after ticking the Bank Transfer box.

Payment may be made personally at our research rooms or by mail to the Society's postal address. Cheques should be payable to **Mandurah Family History Society Inc.**

OFFICE USE ONLY
EFT CHECK RECEIPT NO: _____ MEMBERSHIP NUMBER/S: _____
EMAIL CHECK VOLUNTEER CARD POSTED OR NOTIFICATION DATE: _____



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PHOTO AND VIDEO CONSENT FORM

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You also acknowledge that you are not entitled to any remuneration, royalties or any other payment from The Mandurah Family History Society (Inc) in respect of the use of the photographs and/or video.

Signature: _____

Full Name: _____

Date: _____