

Mary Wade Family History Association Inc

Membership Application Form

(This form is to be used for New Registrations and/or updating Current Registration Details)

SECTION A: Members details

Items shown in BOLD are mandatory items for registration. Items underlined are highly recommended

Family Name: _____ **Given Names:** _____

Preferred name: _____

Postal Address: _____

City/Town: _____ **Postcode:** _____

Home Phone: _____ **Mobile:** _____

Email: _____

If an email address is provided correspondence will be forwarded by e-mail unless otherwise indicated.

SECTION B: Connection to Mary Wade

Briefly outline your genealogical connection to Mary Wade.

SECTION C: Membership Levy

1 Joining Fee \$20.00 (*only paid when first joining*)

2 Annual membership \$10.00

AMOUNT PAID: \$ _____

Transfer funds to: BSB 633000 ACCOUNT NUMBER 164348021 ACCOUNT NAME MWFHA Inc

Please note your name in the details

SECTION D: Agreement to terms and conditions

I agree to abide by the Constitution and By-Laws of Mary Wade Family History Association Inc and the rules governing the Code of Conduct for the Association.

Please check website: marywadefamily.org

Signature of applicant: _____ Date: _____

Members will be added to the Mailing List to receive all communication from the Association.