



APPLICATION FOR MEMBERSHIP

Wyalong District Family History Group Inc.
Research Officer
PO Box 73,
WYALONG 2671

SURNAME: _____

GIVEN NAME: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

Telephone No.: () _____ (home) () _____ (business)

Fax No.: () _____

E-mail Address: _____

Family or Individual Membership?: _____

I the undersigned hereby apply to become a member of the Wyalong District Family History Group Inc.

I enclose cheque for \$..... (\$30 for an individual—\$50 for a Family membership of 2 people)

I hereby agree to be bound by the Rules and Regulations from time to time of the said Wyalong District Family History Group Inc.

DATED: _____

SIGNATURE