

CASINO & DISTRICT HISTORICAL SOCIETY INC.

31B Walker Street, CASINO NSW 2470

Phone: 0437005838

Email:casinohistorymuseum@outlook.com

www.casinohistoricalmuseum.com

APPLICATION FOR MEMBERSHIP

(PLEASE USE BLOCK LETTERS)

I,
(full name of applicant)

Address:

.....Postcode

Postal Address
(if different to above)

..... Postcode

Telephone No:Mobile:

Email:
(please write very clearly)

hereby make application to become a member of the Casino & District Historical Society Inc. In the event of my admission as a member, I agree to be bound by the rules of the Society for time being in force.

Membership Fee:

Single membership \$20.00

Family membership (same address) \$30.00

Junior membership \$5.00

Membership Period – 1 January to 31 December each year

Signature of Applicant Date

We, being financial members of the Casino & District Historical Society Inc. wish to propose the above named as a member of the Society.

.....
Name of Proposer

.....
Name of Seconder

.....
Signature of Proposer

.....
Signature of Seconder

MEMBERSHIP PAID/...../ Amount paid \$.....

Please complete:

Newsletter: email or post.

I am available for Volunteer Role: Yes or No

Please circle your age group- Under 50 50-69 70-85 over 85 (needed for insurance purposes)

Membership Fee \$..... Donation to Society \$..... TOTAL:\$.....

Method of Payment: Cash

Cheque

Electronic Transfer *

*Electronic transfer-send payment to BSB 062-519 Account number 00090128

(Please reference name and initials and add membership when making a payment)

ALSO PLEASE send in membership form to the Society if you make an Electronic Transfer so that we have your details on file to forward receipt, membership card, bulletin etc. and it is a legal requirement that we have up to date membership details. This filled in form can be emailed to the Society.

THIS SECTION FOR HISTORICAL SOCIETY COMMITTEE ONLY

Approved date

Signature Position