



Sandgate & District Historical Society & Museum Inc.

To the Secretary Sandgate & District Historical Society & Museum Inc.

I hereby make application for Membership of the Sandgate & District Historical Society & Museum Inc.

Renewal New

Single \$20 Family \$30 Life \$300

NAME (s) IN FULL _____

ADDRESS: _____

_____ Post Code _____

PHONE _____ MOBILE _____

EMAIL _____

Are you interested in helping in the Museum?

Regularly As needed Occasionally Maybe in the future

Skills and interests- _____

Please read the conditions of entry to the Association as set out in the Rules of the Association?
Available online or at the Museum.

Payment can be made by cheque, in person (Wednesdays and Sundays) or Direct bank deposit
To Sandgate District Historical Society: Account number ***** BSB *****

Use your surname and first name initial as the payment reference.

SIGNATURE OF APPLICANT _____ DATE _____

Museum use only

PROPOSED BY _____

SECONDED BY _____

Membership fee \$ _____

PAID RECEIPT NO _____

Approved Yes/No Date ___/___/___

Secretary Entered in Membership Spreadsheet Entered in Email contacts