



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- _____

Your application will be considered for approval at the next committee meeting and you will be advised of the outcome by mail or email.

Payment can be made by cheque, in person (Wednesdays and Sundays) or Direct bank deposit To Sandgate District Historical Society: Account number **525019521** BSB **084 365**

Use your surname and 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