



SANDGATE & DISTRICT HISTORICAL SOCIETY & MUSEUM INC

MEMBERSHIP APPLICATION

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

NAME (S):		
ADDRESS:		POSTCODE:
EMAIL:	PHONE:	
ANNUAL FEE:	<input type="checkbox"/> SINGLE \$20	<input type="checkbox"/> FAMILY \$30
<input type="checkbox"/> LIFE \$300		
<p>Your application will be considered for approval at the next committee meeting, and you will be advised of the outcome by email.</p> <p>Payment can be made in person (Wednesday or Sunday) at the museum or bank transfer to: Sandgate & District Historical Society & Museum Inc. (BSB: 084 365 Account: 525019521) <i>(Please use your name as a reference for bank transfer)</i></p>		
Specific skills and interests you would like to share:		
Preferred level of Involvement and availability to volunteer:		
<input type="checkbox"/> Regularly/active volunteer	<input type="checkbox"/> As needed/as projects arise	

Your personal information will be kept private and used only for organisational purposes.

Applicant's signature _____

Date _____

Museum use only

Proposed by		Seconded by	
Membership fee paid \$		Receipt No.	
<input type="checkbox"/> Approved	Date	<input type="checkbox"/> Welcoming email	Date
<input type="checkbox"/> Entered in membership spreadsheet		<input type="checkbox"/> Entered in email contact list	