

# Inverell District Family History Group Inc.

ABN 28 543 660 460

## APPLICATION FOR MEMBERSHIP

I/we wish to apply for membership of IDFHG Inc and agree to abide by the Constitution of the Group.

DATE: .....

TITLE: Mr Mrs Ms Miss (please circle)

FAMILY NAME: .....

FIRST NAMES: .....

ADDRESS: .....

..... POSTCODE:.....

PHONE: .....

EMAIL: .....

AGE GROUP 19-50 [ ] 51-70 [ ] 71-85 [ ] 86-95 [ ]

Please tick appropriate box. Note that this information is required for insurance purposes only.

Enclosed is my/our cheque/money order for membership for the current financial year.  
(please circle)

**SINGLE \$35**

**FAMILY \$45**

Please make cheque/money order payable to Inverell District Family History Group Inc  
and post to:

**IDFHG Inc, PO Box 367, Inverell 2360**

Each membership address receives three newsletters per year.

If you would like to notify the Group the family names you are researching please list these names below.

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*Note: New members joining after 31 March have membership until 30 June the following year.*