

BENDIGO HISTORICAL SOCIETY INC

MEMBERSHIP APPLICATION

(Please use BLOCK Letters to complete)

First Name: _____

Family Name: _____

Address: _____

Telephone: _____

Email: _____

If Family Membership, additional applicant's details:

First Name: _____

Family Name: _____

Address: _____

Telephone: _____

Email: _____

I/We wish to become a member/members of the Bendigo Historical Society Inc.

I/We support the purposes of the Society.

I am/We are aged over 15 years.

In the event of my/our admission as a member/members of the Bendigo Historical Society Inc., I/we agree to be bound by the rules of the Society.

Signature: _____

Date: _____

Signature: _____

Date: _____

Office Use Only

Version 09/22

Application accepted/rejected on:

Applicant Notified on:

Secretary Signature: