

# APPLICATION FOR NEW MEMBERSHIP OF MORWELL HISTORICAL SOCIETY INCORPORATED

I, ..... (Full name of applicant)

of ..... (Address)

desire to become a member of the Morwell Historical Society Incorporated.

In the event of my admission as a member, I agree to be bound by the rules of the Society and I support the purposes of the Society for the time being in force.

**Type of Membership:**

**Important Information; If you would like copies of the MHS Newsletter posted to you, rather than emailed there will be a \$5 additional cost incurred due to the increase in the postage cost charged by Australia Post.**

<b>Single</b> \$25 pa  <input type="checkbox"/>	<b>Couple</b> \$30 pa  <input type="checkbox"/> *must reside at the same address	<b>Family with dependents</b> \$30 pa & \$5 pa for <u>each</u> dependent  <input type="checkbox"/> *Family Memberships – dependent’s must be under 18 years and all members listed must reside at the same address
Not Applicable	2 <sup>nd</sup> Adult Member:	2 <sup>nd</sup> Adult Member:
		*Dependent: (Associate Member)
		*Dependent: (Associate Member)
*Please note a member year is from 1 <sup>st</sup> July – 30 <sup>th</sup> June		*Dependent: (Associate Member)
<input type="checkbox"/> Receive newsletter by email * no fee applicable, please ensure your email address is included below  <input type="checkbox"/> <b>Receive newsletter by post</b> * <b>\$5 pa fee</b> (in addition to your membership fees)		Total Membership Paid \$

..... **Date:** .....

**Signature of Applicant**

I, .....a member of the Society, nominate the Applicant for membership of the Society.

..... **Date:** .....

Signature of Proposer

I, .....a member of the Society, nominate the Applicant for membership of the Society.

..... **Date:** .....

Signature of Seconder

**Your Contact Information:**

Home Phone	
Mobile Phone	
Email Address	

**Payment Options**

**Membership Payments can be made to**

Morwell Historical Society,  
 12 Hazelwood Rd Morwell Victoria 3840  
 or  
 Direct Deposit - SENT

Morwell Historical Society  
 BSB 063-522  
 ACC 00900501

The following questions are optional but as we consider our Members to be our most valuable resource we would appreciate if you could please take a look at them.

To expand our knowledge and records would you be prepared to provide a bit more information about your connection to Morwell. We often get enquiries about families from the area, businesses from times past and past students with enquires about friends, teachers and school campuses. If you are able to tell us a little about yourself we may find that you are the important link in solving some of the mysteries we are presented with and attempt to solve.

Family Name:	Maiden Name (if applicable):
Streets you have lived in, in Morwell:	
Schools you attended:	
Places of Employment:	
Business you owned or had an affiliation with:	
Organisations you have/had an affiliation with:	
Sporting Clubs you have/had and affiliation with:	
Relatives with Historical Links to Morwell:	
Any other information you think may be of interest:	

- Do you give consent for this information to be share within the MHS if the MHS Archivist deems it appropriate? YES NO
- Do you give consent for the MHS to pass your contact details on if we had an enquiry that relates to you and the MHS Archivist deems it appropriate? YES NO

**If yes**, please specify how you would like to be contacted; PHONE / EMAIL / POST

**If no**, can the MHS Archivist contact you to discuss the enquiry details; YES NO

*Disclaimer: We are committed to protecting your privacy and managing your personal information. We will take reasonable steps to ensure that all information we collect, use or disclose is accurate and stored appropriately and accessed only by authorised persons.*

Office Use Only: Fee's paid YES/NO Receipt Issued YES/NO Receipt Number \_\_\_\_\_ Initials \_\_\_\_\_