

**APPLICATION FOR RENEWAL OF MEMBERSHIP OF MORWELL HISTORICAL SOCIETY INCORPORATED**

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

of .....  
 (Address)

wish to continue as a member of Morwell Historical Society Incorporated. 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)

- Receive newsletter by email  
 \* no fee applicable, please ensure your email address is included below
- Receive newsletter by post  
 \* \$5 pa fee (in addition to your membership fees)

**Total Membership Paid**

\$

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

**Signature of Applicant**

**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**  
  
**Morwell Historical Society  
 BSB 063-522  
 ACC 00900501**