

**MOUNT VICTORIA AND DISTRICT HISTORICAL SOCIETY INC.**

ABN 97 817 923 297

Mount Victoria Railway Station

35A Station Street, Mount Victoria NSW 2786

APPLICATION FORM FOR RENEWAL OR NEW MEMBERSHIP FROM 20\_\_ to 20\_\_  
FULL DETAILS ARE NEEDED FOR ALL APPLICANTS.

**NEW MEMBERS AND RENEWALS:**

SURNAME \_\_\_\_\_ TITLE \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

(this is needed for members insurance cover)

ANNUAL FEES ARE PAYABLE BY 1 JULY EACH CALENDAR YEAR THE AMOUNT  
BEING DETERMINED BY THE COMMITTEE, CURRENTLY THESE ARE:  
A JOINING FEE OF \$1 AND AN ANNUAL FEE OF \$10.

**NEW MEMBERS ONLY:**

I APPLY TO BECOME A MEMBER OF THE ABOVE INCORPORATED ASSOCIATION AND  
IN THE EVENT OF MY ADMISSION AS A MEMBER I AGREE TO BE BOUND BY THE  
CONSTITUTION OF THE ASSOCIATION FOR THE TIME BEING IN FORCE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I \_\_\_\_\_ (full name)  
a member of the association nominate the applicant for membership of the association.

SIGNATURE OF PROPOSER \_\_\_\_\_ DATE \_\_\_\_\_

I \_\_\_\_\_ (full name)  
a member of the association second the nomination of the applicant for membership of the  
association.

SIGNATURE OF SECONDER \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE LIST BELOW ANY SKILLS YOU HAVE WHICH COULD BE HELPFUL TO  
OUR SOCIETY. For direct deposit – Commonwealth Bank – Mount Victoria & District  
Historical Society Inc – BSB - 062507 Account number - 00900672 include initials & surname**