

WANDIN AND DISTRICT HISTORICAL MUSEUM SOCIETY INC.
MEMBERSHIP APPLICATION/RENEWAL

Surname(s):

First name(s):

Title(s) (Mr/Ms/Mrs/Miss etc.):

Postal address:

.....

Telephone:

E-mail:

Please circle membership category

Single \$20 Couple/Family \$30

Single Concession \$12.50 Couple/Family Concession \$25

I/We hereby agree to support the purposes of and comply with the Rules of the Wandin & District Historical Museum Society Inc.

(New members will be proposed by the President and seconded by the Secretary, subject to acceptance by the Committee.)

Signature(s): _____/_____ Date: ____/____/_____

Membership renewals* are due on 1st July each year. Please refer to the expiry year on your membership card if you are uncertain of your status. If you have already paid your **2015/16** membership, please disregard this reminder.

Make cheques payable to **Mont De Lancey**.

Postal address: Mont De Lancey, PO Box 316, Wandin North, Victoria 3139

Electronic Funds Transfer to Bendigo Bank Account – BSB 633-000, Acc. No. 122521933

Please record your surname followed by 'Mem' in the reference section. Mail a copy of the Funds Transfer Receipt together with this completed form to the above address.

A receipt and a new membership card will be issued. Please indicate by circling below how you would prefer to receive these:

Collect from Reception at MDL OR By Post

*Membership fees do not apply to Life Members and 15-year Volunteer Honorary Members.

Thank you for your ongoing support of Mont De Lancey.

OFFICE USE

Receipt no	Expiry date
Card issued	Filed