

BENALLA FAMILY RESEARCH GROUP INC.

Application for Membership

WELCOME

Name:.....(Nee).....

Address:.....

Phone: Email:.....

Date of Birth: (Optional)

Primary Names Being Researched.

Please indicate your skills. (eg Computer literate, accountant, good net worker, electronic wiz, etc,
.....

Subscription Fee:	Single \$45	Pro Rata
	Dual \$65	(1st Jan – 30 th June).
	Junior Member. \$20	Single \$20 & Dual \$30

Responsibility Agreement

I..... hereby accept full responsibility for any borrowed article whilst in my possession. In the event of fire, theft, and/or misadventure, I agree to cover all costs of the replacement of same, within a reasonable period of time.

Signed:Dated:

Contact Permission

I.....do/do not agree to having my contact details forwarded outside of the Group. **(Refer Privacy/Ethics Policies)**

Signed.....Dated.....

For Medical Emergencies ONLY

For your Safety and protection, do you suffer from any medical condition of which we should be aware? If so, please ask the Secretary for a medical sheet and envelope so that it can be attached to your application form and accessed only during an emergency.

Office Use Only

Financial Date: Treasurer: Members Interest.

President. Vice President. Secretary. Program Officer.

Research Officer. Librarian. Editor. Electronics Officer.