

Appendix 1 (Clause 3 (a))

Milton Ulladulla Family History Society Incorporated

**APPLICATION FOR MEMBERSHIP
CONFIDENTIAL**

SURNAME _____ GIVEN NAMES _____

ADDRESS _____ POSTCODE _____

I hereby apply to become a member of the above named incorporated Society. In the event of my admission as a member, I agree to be bound by the constitution of the Society.

Tel No. Home _____ Work _____

Mobile No. _____

Have Computer Yes/No

Email address _____

Date of birth _____

I agree/do not agree to have my contact details published in the society's Journal

Signature of Applicant _____ Date _____

Names I am researching _____

The information on this form is collected solely for the purposes of the Milton Ulladulla Family History Society and will not be shared with any third party without the permission of the person supplying the information.

OFFICE USE ONLY

Membership No. _____ []

Name Tag [] Members Address List []