



# COAL RIVER VALLEY HISTORICAL SOCIETY INC.

## Membership Application Form

Surname/s	Given name/s	Preferred name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal Address	Postcode
<input type="text"/>	<input type="text"/>

Home Address (if different from above)	Postcode
<input type="text"/>	<input type="text"/>

Email Address

Telephone		
Home	Work	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Membership (please tick  relevant box)

<input type="checkbox"/> Single \$10	<input type="checkbox"/> Family \$20
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Signature	Date
<input type="text"/>	<input type="text"/>

Please return to: The Treasurer  
PO Box 115  
RICHMOND TAS 7025

Queries to Secretary: Phone: 6260 4153 or Email: [info@coalriverhistory.org](mailto:info@coalriverhistory.org)

### Office use only:

Amount paid \$.....	Cash/Cheque	Receipt No.....	Date.....
Financial to.....	Membership Nos. ....		