Adelaide Northern Districts Family History Group Inc.

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Membership Form

Title	Surname	Member No. (office use only)	
Given Names		**Birth Date**	
Residental Address		**State**	**Postcode**
Postal Address		**State**	**Postcode**
Home Phone Number	**Mobile Phone Number**	**Legacy User**	**FTM User**
Email Address		**Associate Member**	**Join Email List**
		Yes/No	Yes/No

Declaration: *I agree to be bound by the Constitution and Rules of the Group and realize that my details may be published by the Group either on the Group's computers or in the Group's newsletters or Journal. I include $30.00 membership fee (or $15.00 associate membership) with this application and have been informed that membership renewals fall due on the 30th June annually.*

Signature…… Date……

If you wish to register your research interests, please fill form below. (Please use Chapman Code as shown)

Surname	Place	State/County	Country	Period
Smith	Warwick	WAR	ENG	pre 1855