



Membership Form

Title	Surname	Member No. (office use only)	
Given Names		Birth Date	
Residential 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.....

Bank Details: BSB: 805023 ACC: 04253781

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

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