**MARYBOROUGH DISTRICT FAMILY HISTORY SOCIETY IN**

**UPSTAIRS, THE HERITAGE CENTRE, 164 RICHMOND STREET,**

**MARYBOROUGH, QUEENSLAND AUSTRALIA 4650**

**PHONE: BUSINESS HOURS – 07 4123 1842**

EMAIL: **maryboroughfamilyhistory@gmail.com**

WEB PAGE: [maryboroughfamilyhistory.org](http://www.satcom.net.au/mdfhs)

Membership No ................ Single/Family/Associate ............ Receipt No ................ Date ....................

Name ............................................................................................................................................

Address ........................................................................................................................................

Town/City ..................................................................................... Postcode ................................

Phone No: ...................................................... Mobile .................................................................

Email: ...........................................................................................................................................

Single Membership

 Yearly Fee $30-00

 Half Yearly Fee $15-00

Family Membership (two (2) related people) $40-00

Associate Membership (three (3) people from another society or group) $50-00

Donations to Library Fund – Donations over $2-00 are tax deductible ...........

TOTAL .......................

**YEARLY MEMBERSHIP OF THIS SOCIETY**

**COMMENCES ON THE 1ST JULY EACH YEAR**

Members Signature(s) ...................................................................................................................

**DECLARATION:**

I/We ...................................................................... do hereby agree that any voluntary projects undertaken by me/us for and on behalf of the Maryborough District Family History Society Inc in the form of research, indexing, computerising or formulation of any kind for information shall remain the property of the said Maryborough District Family History Society Inc. All original material and all lists compiled for the Society shall be returned to the Secretary as a record of such project.

Signature (s) ......................................................................................................................................

Proposed by ............................................................................ Membership No ..............................

Seconded by .......................................................................... Membership No ...................................