



The Port of Yamba Historical Society - MEMBERSHIP APPLICATION

Name: (Mr/Mrs/Ms) _____ First: _____ Last: _____

Name: (Mr/Mrs/Ms) _____ First: _____ Last: _____

Postal Address: _____

_____ Postcode: _____

Phone: _____ E-mail: _____

I/we hereby apply to become member/s of the Port of Yamba Historical Society . I/we agree to be bound by the rules of the Society currently in force.

Signature: _____ Date: _____

Signature: _____ Date: _____

This section to be completed by Historical Society Member

I, _____ a member of the Port of Yamba Historical Society nominate the applicant, who is personally known to me, for membership of the Society.

Signature of the proposer: _____ Date: _____

I, _____ a member of the Port of Yamba Historical Society nominate the applicant, who is personally known to me, for membership of the Society.

Signature of the seconder: _____ Date: _____

MEMBERS REGISTER

Privacy Regulations- The Port of Yamba Historical Society requires the above information in order to communicate more effectively within the Society. If you do not authorise the information to be held in the records of the Society, and to be used in connection with the Society's operations, you will be limiting the Society's ability to communicate effectively.

If you are willing to have your name included in the Society's records, please take a minute to show your endorsement by signing hereunder. For further information Contact our Secretary, on 6646 1399.

Signature: _____ Signature: _____

Please post or deliver completed form to: Secretary Port of Yamba Historical Society, PO Box 100 Yamba NSW 2464, River Street Yamba (next door to the Golf Club)

For Office Use Only

Receipt No: _____ Date: _____ Card Issued: _____

Members Register Entered: _____ Contact Survey: _____