

**APPLICATION for MEMBERSHIP**

***The City of Liverpool & District Historical Society Inc.***

Surname(Family Name): .....

First (Given)Name:.....

Postal Address - .....

Suburb:.....PostCode:.....

Phone: .....Mobile: .....

email:.....

By filling in this application for membership of the City of Liverpool and District Historical Society you agree to abide by the Rules and Regulations of the Society.

Signature: .....Date:.....

**Fees:**

Membership: \$20.00

Minutes posted: \$10.00

Badge: \$5.00

Donation: \$

Payment may be made by Direct Debit BSB 062 196 Account 00901271 (Deposits must specify name and purpose i.e. membership or name of book)

Return to:

The Secretary, City of Liverpool & District Historical Society, Box 90, Liverpool B.C. NSW 1871