



WANGARATTA HISTORICAL SOCIETY INC. AND MUSEUM

Wangaratta Museum. 34 Ford Street, Wangaratta. Victoria.
P.O.Box 812, Wangaratta 3676. Reg: A001176L. ABN 710 254 015 938



APPLICATION FOR MEMBERSHIP

NAME _____

ADDRESS _____

PHONE Mobile _____

Other _____

EMAIL _____

Preferred method of contact _____

In the event of my admission as a member of the Wangaratta Historical Society, I agree to be bound by the Rules and Policies of the Wangaratta Historical Society Inc. and support its Mission and Statement of Purposes.

Signature _____ Date _____

I am interested in becoming a volunteer Yes No

I have the following skills which I am happy to utilise supporting the society.

Eg. Data entry, marketing, maintenance

Membership Fee: Single \$20 Family \$30 Organisation \$30

Total amount paid to :

Wangaratta Historical Society – BSB 633 000 – Account Number 107 669 111

Please return this form to wangarattahistoricalociety@gmail.com or P.O.Box 812 Wangaratta

WHS receive Newsletters from other Societies, do you wish to receive these newsletters?

Yes

No