President: **Kevin Short** Patrons:

Dr Cameron Archer AM

Website: www.maitlandhistorical.org



Secretary: Steve Bone Address: PO Box 333 MAITLAND NSW 2320 Phone:

0468 438 990 maitlandhistorical@gmail.com 96 156 309 595

The Aims of the Society are to

Discover, Record, Preserve, Advise on and Teach the History of Maitland and the District

APPLICATION FOR SOCIETY MEMBERSHIP

NEW MEMBER APPLICATION RE				RENI	EWAL			Date:	Date:		
Family Name:						Preferred first Name:					
Residential No.& street:									Postcode:		
address Town:								State:	State:		
Phone numbers Home: Mobile:											
E-mail: Please note that if you are unable to provide an e-mail address, an additional fee of \$20.00 will be charged for postage											
Please note	that if you ar			-mail add	ress, a	n additional fee	of \$2	20.00 will b	e charged for	postage	
Gender:	Male	Female	Age	Group:		Under 20	2	21-39	40-59	Over 60	
Membership Fees: Fees below apply from 1 July to 30 June (50% reduction if joining after 31 Dec and before 30 Apr)											
Single \$25.00					0	Payment made					
Family [per	sons of the s	ame housel	nold]	0	\$						
Student			\$5.00								
Payment method – Membership fees can be paid by one of the methods below:											
In person, cash or cheque At Maitland & District Historical Society Inc., 3 Cathedral St, Maitland											
By cheque To Maitland & District Historical Society Inc., PO Box 333 Maitland NSW, 2320									320		
By Bank Transfer Maitland & District Historical Society Inc. BSB: 646 000 Account No.: 100075198										075198	
If sending payment by Bank Transfer, please								clude 'your name' and the word 'Dues' as the			
reference/description so t						can identify y	our p	ayment			
Privacy Statement											
We take your privacy seriously. Information we gather about you is for administration purposes and for us to supply											
you with information, newsletters, Journals etc. We will not knowingly supply your personal details to any Third Party											
without your consent.											
Public Register of Members											
MDHS is required by law to keep a Public Register of Members. The minimum information that must be recorded is											
each member's name. By law any member can ask to see the register and copy any information on that register.											
There are restrictions on its use. You have the right to determine what information is made available on that register											
	n to your na			_						-	
I give permission for the following to be made available on the Public Register of Members.											
Address: □Yes □No Phone: □Yes □No E-mail: □Yes □No											
NOTE: Members can alter or withdraw any permission they have given regarding these details at any time in writing											
The society would like your comments regarding the four items below:											
Do you have any specific talents that you could bring to the group? eg: volunteering, archiving, librarian, computer data											
input skills, handyman skills, gardening, catering, heritage walking or bus guide, researcher, photographer etc:											
I can provide assistance at the society rooms on				n		Wednes	day		S	aturday	
I am able/not able to attend general meetings periodically											
By subm	itting this fo	orm and pay	ing the red	quired m	embe	rship fee, you	are a	cknowled	ging that yo	u have read the	
information above, and that you agree to adhere to the constitution and other rules of the society.											

Society Use Only

Application: Accepted/Not accepted

Applicant notified: / /

Tendered fee returned to unsuccessful applicant:/........

Committee Meeting Date:/.......

Membership commencement date: / /

Receipt No: Dated: /