Application for Membership of Association

ALSTONVILLE PLATEAU HISTORICAL SOCIETY INC.

PO Box 65, Alstonville NSW 2477		Ph 02 6628 1829
I, Mr/Mrs/Ms/Miss)	(name) (address) Email become a member of the Association. In the event of my admission as a member, I agree to a rules of the association. (date) a member of the association (name) oplicant, for membership of the association. (signature) (date) a member of the association (name) innation of the applicant, for membership of the association. (signature) (date) (date) special local historical interest that you can share with us, or something you would like the you with? (e.g. forbears were pioneers, early settlers, trades-people, business owners?) (Volunteer at Crawford House 3 hrs a month, Fri AM or PM, Sun PM (Yes/No) would always be on duty with an experienced member) (accordingly) (be\$	
of		
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Telephone		
hereby apply to become a member of the be bound by the rules of the association		n. In the event of my admission as a member, I agree
(signature)	, y ((date)
(name)		
nominate the applicant, for membership	o of the assoc	ciation.
(signature)		(date)
(name)		
(signature)		(date)
society to help you with? (e.g. forbears	were pioneer	rs, early settlers, trades-people, business owners?)
	House 3 hrs a	
•	nd Quarterly es/No	Newsletter) which is available at monthly meeting
Amount paid \$		Receipt No

Meetings are held 3rd Sunday of each month (excl. December) at the APHS Resource Centre, 10 Wardell Rd Alstonville 2 - 4 pm