TRARALGON & DISTRICT HISTORICAL SOCIETY INC.

ABN 83 077 806 233



Office and Library: Kath Teychenne Centre 11 Breed Street Traralgon Vic 3844 Email: secretary@traralgonhistory.asn.au Phone: 03 5174 8399 Mobile: 0402 911 950

MEMBERSHIP FORM – 2024

Please complete this annual membership application form by ticking the appropriate box.



New Membership (Please complete form)



Renewal (Please complete form)

I, **(FULL NAME)** support the purposes of the Traralgon and District Historical Society Incorporated, and agree to comply with the rules of the Society.

SIGNATURE	DATE
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Address:					_				
		Postco	de		_				
Phone no	:				_				
Email add	ress	_			_				
F	Please tick the	category of membership you	ı requir	e:					
<u> </u>	ndividual Mem	າber - \$30.00							
	Family (2 adult	s plus primary school aged o	hildrer	living	at same	address	s) - \$40.0	10	
	Corporate - \$5	0.00							
I	PREFERENCE F	OR RECEIVING BULLETINS:	(IF YOU	DON'T	CHECK	YOUR E	MAILS W	/E SUGGEST	- ТНАТ
,	YOU SELECT TH	IE POSTAL OPTION)							
	EMAIL	POST							

Subscriptions are due on the first of January 2024.

Please pay by internet banking, the details are listed below:

BENDIGO BANK TRARALGON

ACCOUNT NO. 1309 74439

Please include your name in the reference field. A membership form MUST be completed.

BSB 633 000

Postal Address: 11 Breed Street, Traralgon, VICTORIA 3844 ABN: 83 077 806 233 Incorporation Number: A0012134B