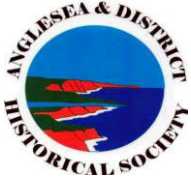


Anglesea & District Historical Society Inc.

Registration A0009246F



History House, 5 McMillan St, Anglesea 3230
Postal: PO Box 98, Anglesea, Victoria 3230
Email: anghishouse@gmail.com

Anglesea and District Historical Society Inc. meets on the first Sunday of even months. Meetings are held at the Anglesea Hotel with a guest speaker. On odd months outings of historical interest are organised. The Museum is open to the public on the second Sunday of the month, each Sunday during school holidays, and other times by appointment.

Surf Coast Family History Group offers help and assistance with family research. The group has a wide range of records and online research is available. A group meeting is held on the second Thursday of each month at 10am at 5 McMillan St. Research facilities for family history are available by appointment.

MEMBERSHIP APPLICATION FORM (Rev. 26-Nov-2024)

* = Required

NAME*
(I will abide by the rules and regulations of the Anglesea & District Historical Society.)

ADDRESS*

POSTAL ADDRESS
(If different from above)

PHONE..... EMAIL.....

Signed*..... DATE*.....

MEMBERSHIP FEE: \$30.00 per person Due on the 1st of July every year.

Membership includes:

1. Access to the Historical Society and Family History Group activities
2. Receipt of the society's publications – *Coastal Current* and *Nibbles*
3. Borrowing rights to the History House library.

Your membership fee can be paid by cash, credit card or direct bank transfer to A&DHS Bank Account: Bendigo Bank: BSB 633-000 Account 1430 28421
Please include your surname and initial to help us identify your payment.

Please supply two emergency contacts in case of emergency while on a Historical Society activity (See next page).

Email or post the two forms (or bring them to a meeting):

Email: Fill in the forms here, save the document, email it to the above address.

Post: Print the forms, fill them in, post to above postal address.

Susan Clarke, Secretary

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Postal: PO Box 98, Anglesea, Victoria 3230

Email: anghisthouse@gmail.com

EMERGENCY CONTACTS

* = Required

Member Name*

NAME: (Emergency contact 1)*	
Contact 1: Phone No.*	
NAME: (Emergency contact 2)	
Contact 2: Phone No.	

Susan Clarke
Secretary