

# SINGLETON HISTORICAL SOCIETY AND MUSEUM INC.

## APPLICATION FOR MEMBERSHIP

*I hereby apply to become a member of the abovenamed incorporated Society. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.*

NAME IN FULL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ DO.B \_\_\_\_\_

(Required for Insurance)

EMAIL ADDRESS: \_\_\_\_\_

MY INTEREST/S IN BECOMING A MEMBER ARE AS FOLLOWS:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_ a financial member for the Society **nominate** the applicant, who is personally known to me for membership of the Society.

\_\_\_\_\_  
*Signature of Proposer*

\_\_\_\_\_  
*Date*

I, \_\_\_\_\_ a financial member for the Society **second** the nomination of the applicant, who is personally known to me for membership of the Society.

\_\_\_\_\_  
*Signature of Seconder.*

\_\_\_\_\_  
*Date*

**PLEASE FORWARD TO THE SECRETARY PO BOX 120 SINGLETON 2330**

*For Society Use Only*

APPROVED  (Tick)

SECRETARY RECORDED

TREASURER RECORDED

MEMBERSHIP LIST RECORDED

\_\_\_\_\_  
*Date of Approval*