



MIGRATION HERITAGE PROJECT INCORPORATED
(incorporated under the *Associations Incorporation Act 1984*)

APPLICATION FOR MEMBERSHIP

I _____
Mr / Mrs / Ms / Miss Surname Given Name

of _____
Residential Address

Phone No Fax No Email Address

_____ hereby apply to become a member of the
Occupation

abovenamed incorporated association. 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.

Signature of applicant Date

Please tick the following:

- I am applying for Individual Membership
- I am applying for membership on behalf of an organisation, community group, business etc (please complete details below)

Organisation Details:
Name of Organisation: _____
Position: _____
Address: _____

Ph: _____ Fax: _____
Email Address: _____

Please list areas of migration history in which you are interested in or wish to participate:

If you are unable to acquire signatures for this section please submit the form to the address as stated below and the MHP Membership Officer will endeavour to contact you with regards to your application.

I _____ a member for the association,
full name

nominate the applicant, who is personally known to me, for membership of the association.

Signature of proposer Date

I _____ a member for the association,
full name

second the nomination of the applicant, who is personally known to me, for membership of the association.

Signature of seconder Date

Please complete form and return to:
The Secretary
Migration Heritage Project Inc.
PO Box 1589
South Coast Mail Centre
Wollongong NSW 2521

Joining Fee (individual): \$5.00 (\$2.00 pensioners)
Annual Fee (individual): \$10.00 (\$5.00 pensioners)
(Total of \$15.00/\$7.00 upon joining)

Joining Fee (organisations) \$10.00
Annual Fee (organisations) \$10.00
(Total of \$20.00 upon joining)

Joining fees payable within fourteen days of receipt of advice of membership approval

Annual fees payable by 30 June of each year

OFFICE USE ONLY

Date Membership Approved _____

Member Notified

Amount _____

Receipt No _____

Members Register Entry No _____