



AUSTRALASIAN FEDERATION OF FAMILY HISTORY ORGANISATIONS INC.

ABN 31 076 496 332
 Box 3012 Weston Creek ACT 2611 Australia
 Telephone: 0400 913 866
 Web site: www.affho.org

MEMBERSHIP APPLICATION / RENEWAL FORM

APPLICANT'S DETAILS

Society: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Officer details (please print clearly)

President: _____ Secretary: _____ AFFHO Rep: _____

Membership category	Qualifications	Please mark clearly
FULL	<ul style="list-style-type: none"> • based in Australasia • Incorporated • Primarily concerned with family history, genealogy, heraldry or allied subjects 	
	Number of financial members as at previous 1 Jan:	
	<ul style="list-style-type: none"> • based in Australasia • Not incorporated • Primarily concerned with family history, genealogy, heraldry or allied subjects 	
	Number of financial members as at previous 1 Jan:	
ASSOCIATE	<ul style="list-style-type: none"> • Incorporated • Interested in family history, genealogy, heraldry or allied subjects 	
	<ul style="list-style-type: none"> • Not incorporated • Interested in family history, genealogy, heraldry or allied subjects 	
	Name delegate in whom membership will be vested (please contact AFFHO Secretary) for details:	

SUBSCRIPTION RATES PER ANNUM (GST not required to be charged)

Status	Current rate in AUD	Status	Current rate in AUD
Full: under 200 members	\$40.00	500 – 999 members	\$100.00
200 – 299 members	\$60.00	over 999 members	\$150.00
300 – 399 members	\$80.00		
400 – 499 members	\$90.00	Associate members (non-voting)	\$40.00

Subscription (from above, as appropriate) AUD _____

NOTES: Membership year is from 1 January to 31 December. Those joining in last quarter gain 15-month membership. Annual Membership Subscription includes each issue of the *AFFHO Newsflash* and access to the members only section of the AFFHO website. *NewsFlash* will be sent via email attachment as a pdf file, if you wish to receive a hard copy via mail please contact the secretary.

If applying for full membership—I certify that the membership of this Society is as stated above.

Signature: Position: Date: / / 200....

NB: The person signing the form should be an Officer of the Society such as President, Secretary or Treasurer.

(Personal information is used only for AFFHO purposes. It is not disclosed to any other party unless to provide AFFHO services, or is required by law. A copy of the AFFHO Privacy statement is available on request.)