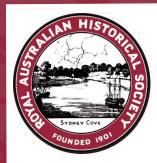
## **MEMBERSHIP RENEWAL**

INDIVIDUAL MEME	BER One	Year or Tv	vo Year Membership F	Renewal (tick one)
	1 Year	2 Years		1 Year 2 Years
Individual	■ \$81	\$152	Household Pair	<b>\$95 \$180</b>
FT Student*(<30yrs)	\$47	N/A	FT Student*(30+yrs)	) ■ \$68 N/A
Pensioner/Senior*	■ \$68	<b>\$129</b>	Pensioner/ Senior Pair*	<b>\$82 \$153</b>
AFFILIATED SOCIETY Annual Membership Renewal (tick one)				
<15 Members		\$82 1	6-30 Members	<b>\$92</b>
31-50 Members		\$108	51-100 Members	<b>\$119</b>
101-200 Members		\$163	201-300 Members	<b>\$206</b>
>300 Members		\$249		
Name of society:				
OTHER MEMBER F	RENEWA	L Annuall	y (tick one)	
Library Subscription		\$200	Corporate Membersh	nip <b>\$210</b>
Name of organisation:				
CONTACT DETAILS (of Individual Member/Key Contact)				
T:() D (D (3.4 /3.4 /3				
Title: Prof/Dr/Mr/Mrs/I				
Family name:		Give	en name/s:	
		Give	en name/s:	
Family name: Postal Address:				
Family name: Postal Address: Telephone: ( )			Δαα	:
Family name: Postal Address: Telephone: ( )				:
Family name: Postal Address: Telephone: ( ) Occupation:		Men	Age: nbership Number:	·
Family name: Postal Address:  Telephone: ( ) Occupation: Email: Second Member (of Family name:	Pair) Title:	Men Prof/Dr/M Give	Age: nbership Number: lr/Mrs/Ms/Miss en name/s:	:
Family name: Postal Address:  Telephone: ( ) Occupation: Email: Second Member (of Family name: Occupation:	Pair) Title:	Men Prof/Dr/M Give	Age nbership Number: lr/Mrs/Ms/Miss en name/s: Age	
Family name: Postal Address:  Telephone: ( ) Occupation: Email: Second Member (of Family name: Occupation: Email:	Pair) Title:	Men Prof/Dr/M Give	Age: nbership Number: lr/Mrs/Ms/Miss en name/s:	
Family name: Postal Address:  Telephone: ( ) Occupation: Email: Second Member (of Family name: Occupation: Email: PAYMENT METHO	Pair) Title:	Men Prof/Dr/M Give Men	Age: nbership Number: lr/Mrs/Ms/Miss en name/s: Age: nbership Number:	
Family name: Postal Address:  Telephone: ( ) Occupation: Email: Second Member (of Family name: Occupation: Email: PAYMENT METHO	Pair) Title:	Men Prof/Dr/M Give Men	Age nbership Number: lr/Mrs/Ms/Miss en name/s: Age	
Family name: Postal Address:  Telephone: ( ) Occupation: Email: Second Member (of Family name: Occupation: Email: PAYMENT METHO	Pair) Title:  D (tick on eard ■ V	Men Prof/Dr/M Give Men e)	Age: nbership Number: lr/Mrs/Ms/Miss en name/s: Age: nbership Number:	
Family name: Postal Address:  Telephone: ( ) Occupation: Email: Second Member (of Family name: Occupation: Email: PAYMENT METHO Cheque* Mastero	Pair) Title:  D (tick on eard ■ V	Men Prof/Dr/M Give Men e)	Age: nbership Number: lr/Mrs/Ms/Miss en name/s: Age: nbership Number:	
Family name: Postal Address:  Telephone: ( ) Occupation: Email: Second Member (of Family name: Occupation: Email: PAYMENT METHO Cheque* Mastero *Please make cheques	Pair) Title:  D (tick on eard ■ V	Men Prof/Dr/M Give Men e)	Age: nbership Number: lr/Mrs/Ms/Miss en name/s: Age: nbership Number:	



VETERIS NON INSCIUS AEVI

## Please Mail to:

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