

Membership Application

Clyde River and Batemans Bay Historical Society Inc.
PO Box 448 Batemans Bay 2536 Tel: (02) 4472 1635
office@batemansbayheritagemuseum.com
www.batemansbayheritagemuseum.com



Thank you for valuing local heritage and appreciating our public face – the Museum. We offer you a cheerful, challenging environment, with new friends who value life experience and share your interests. Volunteers are fully insured, and our coffee’s OK.

A nominal annual fee of \$30 per individual or \$45 per couple is payable on acceptance of your application by the Committee. Membership pack will then be provided together with a familiarization tour.

I, (Full Name) _____ (preferred name)

of (Ad-
dress) _____

Phone No: _____ Mobile
No: _____

Email: _____
D.O.B. _____

Emergency Contact Name and
#: _____

Hereby apply to become a member of the Clyde River & Batemans Bay Historical Society Inc. I agree to be bound by the rules of the Society for the period I have a valid membership.

Signature of Applicant: _____
Date: _____

Please indicate: I’d relish some *active* volunteer time At this stage *financial* member only
but keep me in the loop

Payment of \$30 or \$45 via cash/credit card/direct deposit to BSB 082432 A/c 506605584 referencing ‘Membership’ and your name.

We are currently open Wed Thurs and Fri 10am – 3pm. Sat 10 am – 2.00 pm

My Availability: Wednesday Thursday Friday Saturday

Please CIRCLE your area of Interest **Note:** We can offer in-house and external training

Basic Computer Skills General Research Computer Research
Conservation Design/Display Skills Genealogy IT/ Computer Skills

Office Administration Social Media Skills Oral History Recording

Museum Guide Outreach Programs Photography

Project Research from home Building Maintenance with our Men’s Group

We are a registered provider for Centrelink customers. Interested in a chat?

For Office Use Only

**I, full name _____ a member of the Society, nominate
the
Applicant for membership to the Society**

Signature of the Proposer _____ Date _____

**I, full name _____ a Society member, second the nomina-
tion**

Signature of the seconder _____ Date _____