



Adelaide Northern Districts Family History Group Inc.

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Membership Form

Title	Surname	Member No. (office use only)	
Given Names		Birth Date	
Residential Address		State	Postcode
Postal Address		State	Postcode
Home Phone Number	Mobile Phone Number	Fax. Number	
Email Address		Associate Member	Join Email List
		Yes/No	Yes/No

Declaration: I agree to be bound by the Constitution and Rules of the Group and realise that my details may be published by the Group either on the Group's computers or in the Group's newsletters or Journal. I include \$30.00 membership fee (or \$15.00 associate membership) with this application and have been informed that membership renewals fall due on the 30th June annually.

Signature..... Date.....

Bank Details: BSB: 325-185 ACC: 04235768

If you wish to register your research interests, please fill form below. (Please use Chapman Code as shown)

Surname	Place	State/County	Country	Period
Smith	Warwick	WAR	ENG	pre 1855