

**AUSTRALIAN CATHOLIC HISTORICAL SOCIETY INC. (ABN 28809 751783)**  
**2020 MEMBERSHIP RENEWAL/APPLICATION FORM**

Membership renewal is due on 1 April each year. Please post this form with your cheque, postal order or complete the credit card payment form below and post to:

**The Secretary ACHS, P O Box A621  
SYDNEY SOUTH, NSW 1235.**

Surname or name of institution \_\_\_\_\_

Given name(s) \_\_\_\_\_ Mr, Mrs, Ms, Fr, Sr, Br, Dr \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (home) ( ) \_\_\_\_\_ Phone (Work or mobile) \_\_\_\_\_

Email (Please print) \_\_\_\_\_

Do you wish to receive ACHS group emails: YES / NO ? (Please circle desired option)

**Membership category and amount**

<b>Individual \$50</b>	<b>Full Time Student \$25</b>	<b>University/College:</b>
<b>Family \$50.</b> (This covers all family members at the one address in Australia).	<b>Institutional \$60.</b> (This covers one congregation, a school, a library, etc. at the one address in Australia).	

Membership Category \_\_\_\_\_ amount \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

**Mode of Payment** (Please circle): **cheque / money order / credit card.**

1. Please do not scan and email this form.
2. It is important that we have up-to-date information for our membership records, postage, etc.
3. We post a receipt for payment only if you include a stamped addressed envelope.

**Visa or Master Card payment.** (Other cards are not accepted).

I authorise the Australian Catholic Historical Society to deduct \$ \_\_\_\_\_ from my credit card. Details are as follows.

Visa Card or Master Card. (Circle the appropriate card)

Name on Card				
Card Number				
Expiry Date				

Authorised signature: \_\_\_\_\_ Date signed: \_\_\_\_\_