

**AUSTRALIAN CATHOLIC HISTORICAL SOCIETY INC. (ABN 28809 751783)
2024 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 section 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) _____

- How do you wish to receive the quarterly ACHS newsletter?
Circle one only: Email or Printed copy
- Do you wish to receive ACHS group emails: YES / NO ? (Circle your option).

Membership category and amount

Individual \$55	Full Time Student \$30	University/College:
Family \$55. (This covers all family members at the one address in Australia).	Institutional \$70. (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.

NOTE: ACHS fees have remained the same for many years however it has been necessary to increase them this year due to costs and other matters.

Visa or Mastercard 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 Mastercard. (Circle the appropriate card)

Name on Card				
Card Number				
Expiry Date				

Authorised signature: _____ Date signed: _____