PLEASE EMAIL COMPLETED FORM TO: **treasurer@botanybayfhs.org.au**

MEMBER RENEWAL 1 July 2026 - 30 June 2027
Family History Botany Bay

184 Gannons Road, Caringbah South 2229

Name: ..... **No #** .....

WEBSITE : www.botanybayfhs.org.au

Receipt No: ..... ABN 70 504 835 285

Surname: .....

Given Name/s: .....&.....

Member No/s #..... & #.....

O **CASH/CHQ** O **EFT** O **DD**

O	Single Member	**$ 45**
O	Single Member incl postage	**$ 47**
O	Family Member	**$ 60**
O	Family Member incl postage	**$ 62**
O	Distance Single **$ 25** Family - **$ 32** incl. postage	
O	Donation	$ .....
O	**TOTAL**	$..... ...

Charge my card: o Visa o MasterCard

Card No.: .....

Expires: ..... CVV .....

Name on card; .....

Signature; .....

MEMBER CARDS:
Pick up at Research Centre or **include postage**

FEES PAYABLE to **BBFHS Inc.** by Card on Website, Cash, Cheque, Eftpos or Direct Deposit to:
BSB: 062 333 A/c No: 1046 3972

*Please advise **name & member number on ALL remittances***

Please advise any change to Address, Email or Phone

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