

## Adelaide Northern Districts Family History Group Inc.

PO Box 32, Elizabeth, SA 5112, http://www.andfhg.org.au Email:info@andfhg.org.au ABN: 97537584565

## Membership Form

Title		Surname		Member No. (office use only)		
	Give	Birth Date				
Residental Address				State	Postcode	
	Posta	State	Postcode			
Hon	ne Phone Number	Mobile Phone Number		Legacy User	FTM User	
Email Address			Associate Member		Join Email List	
		Y	es/No	Yes/No		

Declaration: I agree to be bound by the Constitution and Rules of the Group and realize 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 \$25.00 membership fee (or \$12.50 associate membership) with this application and have been informed that membership renewals fall due on the 30th June annually.

Signature	Date
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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