

# Historical Society of the Municipality of Sorell Inc

## Membership Application Form

Surname/s	Given name/s	Preferred name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address	Postcode
<input type="text"/>	<input type="text"/>

Home Address (if different from above)	Postcode
<input type="text"/>	<input type="text"/>

**Email Address**

**Telephone**

Home	Work	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Type of Membership** (please tick ✓ relevant box)

Single \$10                       Household \$20

Signature	Date
<input type="text"/>	<input type="text"/>

*Please return to:*

The Secretary  
Sorell Historical Society  
28 Gordon Street SORELL TAS 7172

*Queries to:*

Peta Kelly 0437 588 848  
Graeme Evans 0418 462 591  
info@sorellhistory.org

**Office use only:**

Amount paid \$.....	Cash/Cheque	Receipt No.....	Date.....
Financial to.....	Membership Nos. ....		