



MEMBERSHIP FORM

DATE _____

NAME _____

ADDRESS _____

EMAIL _____

(Please note correspondence is generally by email to avoid unnecessary expense.)

PHONE _____

MEMBERSHIP FEE *Single \$10 Family \$20 (please indicate)*

DIRECT DEBIT

BSB 638 070

ACCOUNT **5226619**

REFERENCE Your Name

CHEQUES made out to **Millmerran & District Historical Society Inc**

Millmerran & District Historical Society Inc
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President Fay Twidale 0427 588 587
millmerran_historical@hotmail.com

www.millmerranmuseum.com.au