

# **Wangaratta Historical Society Inc.**

**Postal Address:** P.O. Box 812, Wangaratta, 3676  
**Email Address:** wanghistsoc@ hotmail.com  
**Website:** Wanghistsoc.org.au  
**Opening Hrs:** Sunday 2pm - 5pm  
After hours by appointment  
**Meetings:** Every 3rd Monday of each month at  
7:30pm



## ***APPLICATION FOR MEMBERSHIP***

**Name:** .....

**Address:** .....

**City:** .....

**State:** .....

In the event of my admission as a member, I agree to be bound by the Rules and by-laws of the society.

**Signature:** ..... **Date:** .../.../....

### **MEMBERSHIP FEES**

Single Membership      \$20    \$.....

Joint Membership      \$30    \$.....

**Total amount payable**      \$.....

Please make cheques payable to Wangaratta Historical Society Inc. and forward to the above address.