

HERITAGE GROUP OF LEICHHARDT DISTRICT

Application for Membership

I hereby apply to be a member of the Heritage Group of Leichhardt District. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Name:

Address:

..... P/code:

Phone:

Fax:

Email:

Subscription Rates (per year):

Individual: \$20 Household: \$30 Student: \$10

Pensioner: \$10 Institutions: \$50

Cheque payable to: Heritage Group of Leichhardt District

Please find enclosed my cheque for \$..... being for years membership.

Signed:

Date:

Please return form with payment to:

June Lunsman

c/o Local Studies, Leichhardt Library

The Forum, 23 Norton Street

Leichhardt 2040