

Application For Membership

The Thomas and Jane Rose Family Society Incorporated ABN: 86 273 989 105

(Incorporated under the Associations Incorporations Act, 2009)

I,	
(full name of applicant)	
Date of birthGenealogy (Henry) No	(if known)
of(residential addre	
(i	<i>'</i>
(mailing address if different from residential)	minimum) nerces uppry ter memeeremp
of the above-named incorporated society, as indicated:	
Email Address:	
Home Phone no.:Mobile no	
* \$ 25 Individual membership	(IM)
\$ 20 Pensioner membership	(PM)
* \$ 40 Family membership	(FM)
* \$325 Life Membership	(LM)
* \$200 Life Aged Membership	(LAM)
* \$ 25 Associate Membership	(AM)
* please tick or circle type of membership required	
In the event of my admission as a member, I agree to be bo in force.	und by the rules of the Society for the time being
My descendancy from Thomas and Jane Rose (as per Rule	5) is attached.
	Signature of applicant
	Date
For office use only:	
Membership recorded in Register of Members:	
Financial toMembership Fe	e to Treasurer
Membership Certificate Issued:	
Cessation of membership recorded	
Reason:	