



MEMBERSHIP APPLICATION

MRDHS, PO Box 1575
 MARGARET RIVER WA 6285

www.mrdhs.com

Membership \$30 pa or part thereof,
 Renewable June each year.

NAME
POSTAL ADDRESS
EMAIL ADDRESS
CONTACT TELEPHONE

The following information is not essential and you do not need to supply it unless you wish to do so.

Do you have any particular knowledge or experience that would be useful to the Historical Society?
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Do you have any particular areas of historical interest?
.....
Are you computer literate? (Not expert, just literate!) YES NO