



# MURRINDINDI HISTORIC REGISTER INC.

c/- Secretary, 5 Ballina Crt, Buxton 3711

(03) 5774.7411

murrindindi.historic.register@gmail.com

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## MEMBERSHIP APPLICATION

Name [ \_\_\_\_\_ ]  
Address [ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]  
Phone [ \_\_\_\_\_ ]      Email [ \_\_\_\_\_ ]

I hereby apply for membership of the Murrindindi Historic Register Inc.

I enclose the following payment:

Joining Fee	\$10
Annual Membership Fee	\$10
Donation	\$( _____ )
Total	\$( _____ )

Signed [ \_\_\_\_\_ ]      Date [ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ]

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