

ORDER FORM & PAYMENT ADVICE

The Treasurer
Lithgow & District Family History Society Inc
PO Box 516
Lithgow NSW 2790

I have paid the sum of \$.....

Being payment for: (please tick box)

Membership \$45 (journals to be sent by Australia Post)

Membership \$40 (journals to be sent by email)

Research Enquiry Fee \$40

Purchase of Books or microfiche (please list below)

Postage

.....

.....

.....

Other - Please supply details:

.....

NAME:

ADDRESS:

.....POSTCODE DATE:

EMAIL ADDRESS: (please print).....

PHONE NUMBER:

Payment over the counter at the Commonwealth Bank

Note that payment may be made at any branch of the Commonwealth Bank. Please ask the teller to record your surname in the agent section of the form and send a copy of the receipt to LDFHS either by post or email. Receipts cannot be issued until depositors are identified.

Payment by electronic transfer

BSB: 062 566

ACCOUNT NUMBER: 0092 1190

ACCOUNT NAME: LDFHS

Please email a copy of remittance advice to: secretary.ldfhs@gmail.com