

# WESTERN AUSTRALIAN GENEALOGICAL SOCIETY INC.

ABN 98 749 329 203

Member of Australasian Federation of Family History Organisations Inc.  
And Federation of Family History Societies (UK)

6/48 May Street, Bayswater, Western Australia 6053

(P.O. Box 265, Bayswater, Western Australia 6933)

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Website: www.wags.org.au — Email: genealogy@wags.org.au

Patron: Mrs Ruth Reid



## Education - Course Registration Form

### Tax invoice – ABN 98 749 329 203

There is a minimum and maximum number of bookings required for each course/workshop therefore **registration is essential**. You may make a booking in person, by phone or by post. Please complete the booking form. If the course is cancelled due to lack of support, you will be notified and the course fee will be refunded.

#### REGISTRATION DETAILS

(Please print clearly)

Course Title: \_\_\_\_\_ Date of Course: \_\_\_\_\_

Course Cost: AUD \$ \_\_\_\_\_ : \_\_\_\_\_ Membership No. \_\_\_\_\_  
(If Applicable)

Full Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mob) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment method \_\_\_\_\_ Receipt No. \_\_\_\_\_  
(Official use Only)

#### PAYMENT DETAILS

Course Title: \_\_\_\_\_ Date of Course: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership No. \_\_\_\_\_

Cheques to be made payable to: Western Australian Genealogical Society Inc.

Please tick method of payment:

Cash  Cheque  Money Order  MasterCard  Visa card

Credit card number:

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Cardholder's Name ..... Amount AUD \$ ..... Security Code

Cardholder's Signature ..... Expiry Date ..... / ..... \_\_\_\_\_

Please return the completed form to:  
Education, Western Australian Genealogical Society Inc.,  
PO Box 265, Bayswater, Western Australia, 6933.