Descendants of Convicts Group Inc. Application Form

Last Name							Title	2		
Given Names										
Preferred Given Name				Member Number				Confirmed on receipt of membership fees		
Name of emergency co	ontact pe	erson								
Name – (Given and las	please) Relationship					Phone or mobile number				
Joining fee for all memberships Au\$20		\$20		Number of convicts descended from			d			
Single membership	Au\$25			Joint/Family Membership Au			\$30			
Total joining fee plus single or family membership fee being remitted \$										
Address										
State		Post code								
Telephone No.						Mobile				
Email Address						L				
Will you be a contact details. (Please circle	convict/s	Yes	No		you wish to receive electro vsletters. (Please circle)			Yes	No	
Signature	Not required if submitting electronic				cally C	ate				
If joining as a fai of children dates of bi										In case
Spouse/Partner's										
Name										
Child's Name						Date of Birth				
Child's Name	ame					Date of Birth				
If there are further chil	dren plea	se supply the	eir detai	ils on a sep	arate sl	heet.				
Please fill in all detail	s and se	nd with the	Joinin	g fee and	memb	ership fee (and	l cheq	ue or mone	y order)	to

Descendants of Convicts Group Inc

P O Box 312 Dingley Village, VIC 3172, OR Email to docs.vic@gmail.com

Please do not send any claim documents until your membership has been confirmed

Electronic funds transfers can be made to

BSB Number 633 000

(Bendigo Bank) Account Number 119249118

Reference Details -first & last names (These are essential to identify your payment in our account).