



Shetland
Family History Society

NEW MEMBERSHIP APPLICATION

Name: _____

Address: _____

Postcode: _____

**Membership
Number**

Telephone: _____

E-mail: _____

Names being researched:

1. _____ 2. _____ 3. _____

Category:	1	
(Please Tick appropriate box)	2	
	3	

I require a standing order form Yes / No
(Please delete as appropriate)

Amount Enclosed: _____ Date: _____

**MEMBERSHIP APPLICATION
NOTES**

In accordance with the Data Protection Act 1998, member's **personal** details are stored on computer for administration purposes only. This information will not be given, lent or sold to any third party.

Personal information supplied & names being researched will be printed in the membership list in the Society Journal "**Countin Kin**".

If you object to this please indicate so here:

Genealogical data held by the Society, including information on Ancestor Charts may be accessed by others doing research.

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 Please make your cheque / PO payable to  
 SHETLAND FAMILY HISTORY SOCIETY and send to:  
 The Membership Secretary,  
 Shetland Family History Society,  
 6, Hillhead,  
 Lerwick,  
 Shetland, ZE1 0EJ

**For Society Use Only:**

Membership Pack Sent.....  
 Amount Received:.....  
 Standing Order Yes / No  
 Gift Aid Yes / No

Signed.....Date:.....