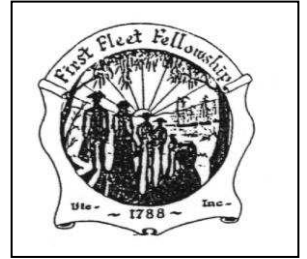


FIRST FLEET FELLOWSHIP VIC. INC.

Reg. No.A0024438D



C/-PO Box 382, Ocean Grove 3226

Ph 04020 45636 or 03) 9318 1813

Email: htimbury1@bigpond.com

www.firstfleetfellowship.org.au

Membership of the *First Fleet Fellowship* is restricted to Direct Descendants of people who arrived at Sydney Cove with Captain Arthur Phillip in January 1788, their spouses and their children.

Membership:	Joining Fee	\$ 5.00 for all new members
	Descendant Members	\$ 25.00 per annum
	Spouses	\$ 25.00 per annum
	Dependant Children	\$ 10.00 per annum
	Friends	\$ 25.00 per annum

On receipt of the above fees, First Fleet Descendant Claimants are enrolled as a Provisional member until Claims are proven when they will be raised to Proven Descendant status and awarded an illuminated Certificate verifying that status.

To elevate a Provisional to Descendant Member status, our examiners will require documentary evidence through each generation, proving blood-line descent from the claimant to a First Fleeter. Birth or Baptism Certificate copies and Marriage Certificate copies for each generation. Document copies will be retained in Fellowship archives.

A separate Application Claim form is required for each person.

APPLICATION:

Full name (Mr. Mrs. Miss, Ms) _____

Application is for (a) Descendant Membership; (b) Spouse Membership
(c) Friend (please tick as appropriate)

Address: _____

Post Code: _____ Phone: _____

Email: _____

CLAIM DETAILS: (not required for spouse or friend membership).

Male Line *married* **Female Line (use maiden names)**

My parents were/are _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____
His/Her parents were: _____	_____

First Fleeter's Ship: _____

Signature: _____ Date: _____

Please return this form with Joining Fee and Subscriptions.

Office Use Only Claim Received _____ Proof Acceptance _____ Certificate No _____