



Preserving and promoting
the St John heritage

Membership application

Annual membership is for 1 January to 31 December each year.

Membership rates

Tick the appropriate membership you are applying for.

New membership

Renewal of membership

Single person: \$20.00

Family: \$30.00

Group (organisations, associations, etc): \$35.00

Single international: AUS\$30.00

Tick if a receipt is required

I wish to make a donation of \$.

Tick if a receipt is required

Applicant's details

Your personal details are confidential and are used only for internal record-keeping purposes.

Commonwealth privacy legislation requires that the information on this form can only be used for such purposes.

Title Given name Family name

If a member of the Order, Grade

Postal address (Street/PO Box).

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StateCountry. Postcode.

Telephone Mobile

Email.

Applicant's/Member's statement

I wish to apply for membership/renewal to the St John Ambulance Historical Society of Australia.
I consent to my nomination/renewal and I agree to abide by the Society's rules. I agree to pay by the
due date the prescribed membership fee, which shall be at the rates set out above.

Signed Date

See over for nomination details and payment methods.

New membership only — Nomination

The Historical Society's Constitution requires that applicants for membership be nominated by someone who is a financial member of the Society. However, because some applicants might experience difficulty in locating a nominator, the lines 'Nominated by' may be left blank — your State/Territory Membership Officer can arrange for a nominator.

Nominated by
(name of nominator being a financial member of the Society)

Signature Date

Method of payment *(Please complete a method of payment before submitting.)*

Cheque \$Cheque no.

Money order \$Order no.

Card number *(Visa or Mastercard only)*
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CCV Expiry date

Name on card

Signature

Phone number

Direct deposit *(via internet banking or at any Commonwealth Bank):*

BSB: 062-922

Account: 10123348

Name of account: St John Ambulance Historical Society of Australia

Amount: \$

Reference (full name and state):
(e.g. Joan Brown, Victoria)

Send your completed form and payment to:

Mr Stuart McEwan
The Treasurer
St John Ambulance Historical Society of Australia
PO Box 514
Williamstown VIC 3016
or email to: mcewan@spin.net.au

Office use only

Bank date

Receipt No.

Details entered