



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). . . . .

. . . . .

State . . . . . Country. . . . . Postcode. . . . .

Telephone . . . . . Mobile . . . . .

Email. . . . .

### Applicant's/Member's statement

I wish to apply for membership/renewal of 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 *(All applicants must complete the following before submitting.)*

☐ Cheque ☐ money order: \$ . . . . . Cheque No. . . . .

☐ 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 . . . . .