



THE ST JOHN AMBULANCE HISTORICAL SOCIETY OF AUSTRALIA

Preserving and promoting the St John heritage

PO Box 292, Deakin West ACT 2600

enquiries@stjohn.org.au

New / renew membership

Membership type

- New membership
- Renewal of membership

Nomination for new member

The Historical Society's Constitution requires new members must be nominated by a financial member of the Society. Contact your State/Territory Membership Officer to arrange for a nominator.

Nominated by

Signed

Date

New member's statement

I am applying for membership to the St John Ambulance Historical Society of Australia. I consent to my nomination and I agree to abide by the Society's rules. I agree to pay the prescribed membership fee (see page 2) by the due date.

Signed

Date

Renewing member's statement

I am renewing my membership to the St John Ambulance Historical Society of Australia. I agree to abide by the Society's rules. I agree to pay the prescribed membership fee (see page 2) by the due date.

Signed

Date

Member details

(Title / Given name / Family name)

If an Order Member, Grade

Email

(Email is the preferred method of correspondence, and is required for receipt of *St John History*)

Postal address (Street/PO Box)

State

Postcode

Country

Mobile

Telephone

Your personal contact and payment details are confidential. They will be managed under the SJAA 6.1 Privacy Policy (17.6.2019) and the 6.6 Information management policy (04.07.2019), as obligated under applicable laws, regulations and standards. Please contact your State/Territory Officer if you require a copy of these policies.

FEES AND PAYMENT DETAILS ►

Membership fees

Membership is for 1 January to 31 December each year.

Please tick the required membership

- | | | | | |
|-----------------------------------|--------------------------|-------------------|--------------------------|-----------------------|
| Single Person | <input type="checkbox"/> | \$20 per year | <input type="checkbox"/> | \$100 for 5 years |
| Family | <input type="checkbox"/> | \$30 per year | <input type="checkbox"/> | \$150 for 5 years |
| Single Person (international) | <input type="checkbox"/> | \$AUD 40 per year | <input type="checkbox"/> | \$AUD 200 for 5 years |
| Group (library, association, etc) | <input type="checkbox"/> | \$50 per year | | |

I wish to make a donation of \$ _____

Total \$ _____

Payment

Payment details are required with submission of membership details

- DIRECT DEPOSIT** (via internet banking or at any Commonwealth Bank)

BSB 062 922 **Account no.** 101 233 48
Account St John Ambulance Historical Society of Australia

Amount \$ _____
 Reference (full name and state) _____



- CARD** (Visa or MasterCard only)

Number _____
 Expiry date _____
 Name on card _____
 Signature _____
 Phone / mobile _____

- CHEQUE**

\$ _____
 Cheque no. _____

- MONEY ORDER**

\$ _____
 Order no. _____

- Please send me a receipt**

Email completed membership and payment details (2 pages) to:
 Membership Manager, St John Ambulance Historical Society of Australia
history.membership@stjohn.org.au

Mail to:
 Membership Manager, St John Ambulance Historical Society of Australia
 PO Box 292, Deakin West ACT 2600



Office use only
Banked date Receipt number
Details entered / checked.