



PRESERVING AND PROMOTING THE ST JOHN HERITAGE

New / renew 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 by the due date, which shall be at the set rates (see page 2).

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 by the due date, which shall be at the rates set out over.

Signed Date

Membership type New membership Renewal of membership

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 want a copy of these policies.

Member details

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(Title / Given name / Family name)

If an Order Member, Grade.

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

Postal address (Street/PO Box)

State Postcode Country

Telephone. Mobile

FEES AND PAYMENT DETAILS, OVER ►



Preserving and promoting the St John heritage

Membership fees

Membership is for 1 January to 31 December each year.

- Single person: \$ 20.00
- Family: \$ 30.00
- Group (libraries, associations, etc): \$ 35.00
- Single international: AUS\$ 30.00

I wish to make a donation of \$

TOTAL \$

Please send me a receipt

Payment

(Please complete before submitting)

CARD number (Visa or MasterCard only)

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Expiry date

Name on card

Signature

Phone / mobile

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

BSB 062 922 **Account number** 101 233 48

Account name St John Ambulance Historical Society of Australia

Amount \$

Reference (full name and state)

(e.g. Joan Brown, Victoria)

CHEQUE \$ Cheque no

MONEY ORDER \$ Order no

Email completed membership and payment details (2 pages) to:

Bob Devere, Membership Manager
St John Ambulance Historical Society of Australia
history.membership@stjohn.org.au

or mail to

Bob Devere, 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