



PRESERVING AND PROMOTING THE ST JOHN HERITAGE

New / renew membership

New members must be nominated

The Historical Society's *Constitution* requires that applicants for membership are nominated by a **financial member** of the Society. Contact your State/Territory Membership Officer to arrange for a nominator.

Nominated by
Signature
Date

Member's statement

I am applying/renewing my membership 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 the prescribed membership fee by the due date, which shall be at the rates set out over.

Signed
Date

Membership type

Tick the membership you are paying for 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

.
(Title / Given name / Family name)

If a member of the Order, Grade.

Postal address (Street/PO Box).

State Postcode

Country

Telephone. Mobile

Email.



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Member 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
- Please send me a receipt

I wish to make a donation of \$ Please send me a receipt

TOTAL \$

Payment

(Please complete before submitting)

Cheque \$ Cheque no

Money order \$ Order no

Card number (Visa or MasterCard only)

 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)

Send your completed form and payment to:

Bob Devere
 Membership Manager
 St John Ambulance Historical Society of Australia
 PO Box 1290
 Springwood Qld 4127
 devon52@optusnet.com.au (scan both sides of the form before emailing)

Office use only	
Banked date	Receipt number
Details entered / checked	