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SOCIETY OF AUSTRALIAN GENEALOGISTS

APPLICATION FOR MEMBERSHIP

I wish to become a member of the Society of Australian Genealogists and have read the library rules (which are on our website www.sag.org.au or available from our office) and agree to abide by those rules as altered from time to time by the Board. I understand that membership is provisional until my application is accepted by the Board.

Mr Mrs Ms Miss Other Surname: Previous Member: Yes No

Given Names: Preferred Name (if different):

Address:

Postcode: State:

Mailing Address:

(if different to

home address) Postcode: State:

Email: Add me to electronic newsletter list? Yes No

Telephone: Day: Evening: Mobile:

Occupation: Honours, Decorations etc:

(or former occupation)

Date of Birth:

I agree to the Library Rules

2017 Membership Fees:

Single Membership	Subscription Fee	$70.92
	Joining Fee	$18.18 (concession fee available)
	Total	**$89.10**
Joint Membership	Subscription Fee	$106.36
	Joining Fee	$18.19 (concession fee availab
	Total	**$124.55** (All prices are inclusive of GST)

Concession Fee:

A $10.00 concessional joining fee is available ***only*** to pensioners who are in receipt of an Australian Department of Social Security ***full pension and health rebate card or full-time students*** in a approved institution.

Pensioner/Full-time student

Social Security Number: Health Rebate Card Number:

Student Number: Institution:

Payment by: ☐ Cash ☐ Cheque/Money Order ☐ Mastercard ☒ Visa

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Expiry Date: /

The personal information collected for this application is used to assist us in planning and allocating resources and may also be used to provide services to you or to notify you of issues relating to your membership. Under Sections 14 & 15 of the Privacy and Personal Information Act 1998 any personal information collected by the Society can, on the request of the individual, be made available and any inaccurate information amended so as to be relevant, up to date, complete and accurate.

Office Use Only:

Number: Billing Cycle: Processed By: Date: Pack Issued: Receipt Number Batch: Membership Card Sent: