



ABN 50 317 924 321

The Heraldry & Genealogy Society of Canberra Inc.

GPO Box 585, Canberra ACT 2601 Library (02) 6282 9356

Email: hagsoc@hagsoc.org.au Facsimile (02) 6282 4865

Application for Membership (1 April 2010 – 30 June 2011)

Individual Member		Associate Member	
Surname	Title	Surname	Title
Given Name/s		Given Name/s	
Preferred Name for Membership Card		Preferred Name for Membership Card	
Discount memberships are only available for full memberships – not Journal Only subscriptions. If you are applying for a discount membership, as a Student or Pensioner, valid concession numbers must be included with your application.			
For a Student discount provide the name of the educational institution and your student number. For a Pensioner discount provide your current CRN or DVA card number. Seniors Cards are not accepted for discount membership.			
Concession Number		Concession Number	
I/we hereby apply for membership of the Heraldry & Genealogy Society of Canberra Inc. In the event of admission to membership, I/we agree to be bound by the rules of the Society for the time being in force.			
I understand that the details I give on this form will only be used by the Society to maintain correct records of my membership and will not be disclosed to third parties without my written consent. Forms must be signed by both parties or they will be returned.			
Signature		Signature	

Postal Address	Phone (after hours) (business hours) (mobile)
Home Address <input type="checkbox"/> Same as postal address	email address (for monthly newsletters)

Individual Membership <input type="checkbox"/> Single \$68.00 \$ _____ <input type="checkbox"/> Student \$61.00 \$ _____ <input type="checkbox"/> Pensioner – single \$61.00 \$ _____ Joint Membership <input type="checkbox"/> Family \$104.00 \$ _____ <input type="checkbox"/> Pensioner – couple \$93.00 \$ _____ Journal Only Subscription (no library card) <input type="checkbox"/> Australian address \$25.00 \$ _____ <input type="checkbox"/> Overseas address \$35.00 \$ _____ Library Fund Donation (tax deductible) \$ _____ <p style="text-align: right;">Total \$ _____</p>	I wish to pay by (please circle): cash / cheque / money order / MasterCard / Visa Credit Card No.: _____ Expiry Date: __ / __ Name on Card: Signature: Date: / / 20.....
	OFFICE USE ONLY: I, being a financial member of the Society, nominate the above applicant/s for membership of the Society. FULL NAME SIGNATURE DATE: / / 20... I, being a financial member of the Society, second the nomination of the above applicant/s for membership of the Society. FULL NAME SIGNATURE DATE: / / 20...

15 mths 04/2010

Interim Receipt No.

Official Receipt No.

Date: / / 20.....