

Application for SAHC Membership



THE SCOTTISH AUSTRALIAN HERITAGE COUNCIL

Application Form

Name _____

Address _____

Phone _____ Fax _____

Email _____ Mobile _____

Occupation, honours, qualifications _____

I/We hereby apply to become a Member/Members of the above Incorporated Association. In the event of my/our admission as a Member/
Members, I/we agree to be bound by the Rules of this Association for the time being in force.

Signature of applicant _____ Date _____

Type of Membership

(Please tick appropriate box)

- | | | |
|--------------------------|---|---------|
| <input type="checkbox"/> | Ordinary individual membership | \$15.00 |
| <input type="checkbox"/> | Family membership –(members of the one family, occupying the one household) | \$20.00 |

Names of applicants

_____	_____
_____	_____
_____	_____
_____	_____

Please mail to
Membership Secretary
Scottish Australian Heritage Council
3 Brisbane Close
Cromer
NSW 2099

Please make cheques payable to
Scottish Australian Heritage Council