



## Application for Membership

**Please return the completed form with payment**

**PLEASE PRINT ALL INFORMATION**

MEMBERSHIP TYPE INDIV / MAG	MEMBER	EXTRA FAMILY MEMBER
TITLE	MR / MRS / MISS / MS / DR	MR / MRS / MISS / MS / DR
FAMILY NAME		
GIVEN NAME (preferred)		
INITIALS		
YEAR OF BIRTH (Optional)		
CONTACT: DAY PHONE MOBILE		
OCCUPATION / SKILLS (Optional)		
ADDRESS	..... ..... POST CODE: .....	
EMAIL	Please send me the monthly e-newsletter YES / NO (Need an Email address for YES)	
HOW DID YOU HEAR ABOUT AIGS?		
DO YOU LIVE IN THE	Bendigo Area? YES / NO Warrnambool Area? YES / NO	

I / We hereby apply for Membership of the Australian Institute of Genealogical Studies Inc. and agree, if elected to be bound by the rules of the Society.

I / We have read and agree with the Privacy Statement as shown on the rear of this page.

**Signature:** 1: ..... 2: ..... Date:.....

<b>PAYMENT DETAILS:</b> <b>Payment: Cash / EftPos / Credit / Cheques</b> <b>(Pay to Australian Institute of Genealogical Studies Inc)</b>  1. Membership fee:           \$ ..... 2. Joining Fee                   \$ .....  <b>TOTAL PAYMENT                \$</b> =====	<b>LIBRARY / OFFICE ONLY</b> New member pack given       YES / NO  DB Receipt No:  Date:	
	<b>CL/DVA ID</b>	<b>CL/DVA ID</b>
	<b>Membership Number</b>	<b>Membership Number</b>
<b>Note:</b> To join an Interest Group please use the separate application form from the Office or our web site.		

<b>CREDIT CARD DETAILS: (These are destroyed after processing)</b>		
<b>Card type:</b>	Visa / Mastercard.	<b>Amount Paid \$</b> _____
<b>Card Number:</b> _____ - _____ - _____ - _____	<b>Expiry Date:</b> ____ / ____	<b>CCV No.</b> ____
<b>Cardholder Name:</b> _____	<b>Cardholder Signature:</b> _____	