



**Application for Membership**  
(For mid-year pro rata fees, please contact the Office)

Please return the completed form with payments

PRINT ALL INFORMATION

DETAILS	MEMBER	EXTRA FAMILY MEMBER
MEMBERSHIP TYPE INDIV / MAG		
TITLE MR / MRS / MISS / MS / DR		
FAMILY / SURNAME		
PREFERRED NAME		
INITIALS		
YEAR OF BIRTH (Optional)		
ADDRESS	.....	<b>LIBRARY USE ONLY</b>
	..... POST CODE: .....	<b>New Members Pack Given:</b>
CONTACT:  EMAIL:	DAY PHONE:  MOBILE:  I / WE WISH TO RECEIVE THE ELECTRONIC NEWSLETTER      YES / NO	<b>YES / NO</b>
OCCUPATION / SKILLS (Optional)		
HOW DID YOU HEAR ABOUT AIGS?		

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 Website at: <http://www.aigs.org.au/members.htm>

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

<b>PAYMENT DETAILS:</b> <b>Payment:</b> Cash / EftPos / Credit / Cheques (Pay to Australian Institute of Genealogical Studies Inc)	<b>OFFICE ONLY</b> DB Rec.No:  Date:
1. Membership fee:            \$ .....	
2. Joining Fee                    \$ .....	
<b>TOTAL PAYMENT</b> \$ .....	
=====	

To join an Interest Group please use brochure / application form provided in Office

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