



**Scottish Australian Heritage Council**

(Incorporated in 1984 under the Associations Incorporation Act 2009 NSW)

ABN: 630 743 587 02

**ORGANISATIONS, CLAN & FAMILY SOCIETIES**

**RENEWAL / NEW SAHC MEMBERSHIP 2020**

**Please note: For those participating in the SAHC insurance policy, it is a requirement of the insurer that the Clan/Association is a member of the SAHC. Failure to comply will invalidate the insurance.**

(A fillable form is on the SAHC website [www.scottishaustralianheritagecouncil.com.au](http://www.scottishaustralianheritagecouncil.com.au))

We hereby apply to **RENEW** (since 2019)  **OR** become a **NEW**  member.

(PLEASE PRINT ALL INFORMATION CLEARLY)

**Organisation Name:** .....

**Contact Name:** ..... **Title:** .....

**Contact Address:** .....

**City/Town:** ..... **State:** ..... **Post Code:** .....

**Phone:** ..... **Mobile:** .....

**Email <sup>1</sup>:** .....

<sup>1</sup> Generally notices are sent via email and are posted on the SAHC website &/or Facebook.

**Who do you want enquiries about your organisation to be sent to (if different to the above)?** This is contact information for the SAHC website:

**Name:** ..... **Title:** .....

**Email:** .....

**Website:** .....

**Postal Address:** .....

**City/Town:** ..... **State:** ..... **Post Code:** .....

**Phone:** ..... **Mobile:** .....

We wish to receive the SAHC newsletter by email:  **OR** by mail:  (tick one).

We agree to abide by the Constitution of the Scottish Australian Heritage Council (see the constitution on the SAHC website [www.scottishaustralianheritagecouncil.com.au](http://www.scottishaustralianheritagecouncil.com.au)).

**Applicant Signature** (type the name): ..... **Date:** .....

**Total annual fees** for an **Organisation's** membership (@ \$25) \$ .....

Donation \$ .....

**Total** \$ **Australian** .....

Payment to be made via Direct Debit (EFT) or cheque/money order/cash (tick one):

**Direct Debit (EFT): BSB: 032135 A/c# 322695** (include your name for identification purposes) **AND** mail or email the completed form.

OR  **Cheque** /  **Money Order** /  **Cash** (mail with the completed membership form.)

**SAHC's Public Liability and Volunteer insurance policy**

As a member of SAHC you may wish to apply for the insurance policy.

**Do you want more information about this?** Yes  / No

**Mail:** Membership Secretary, Scottish Australian Heritage Council  
PO Box 7310, Kaleen ACT 2617, AUSTRALIA

**Email:** [members@scottishaustralianheritagecouncil.com.au](mailto:members@scottishaustralianheritagecouncil.com.au)

**Please inform the Membership Secretary PROMPTLY of any change of your contact information.**