



# THE ROYAL SOCIETY OF NEW SOUTH WALES

Founded in 1821. Incorporated by Act of Parliament in 1881  
Australia's first Society dedicated to the promotion of Science, Art and Philosophy

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ABN 76 470 896 415

## Associate Membership Application Certificate

### Section A: To be completed by the applicant

NAME IN FULL (Please Print)		TITLE
QUALIFICATION OR OCCUPATION (Degrees, if any)		
ADDRESS    POSTCODE	Tel (H):	
	Tel (W):	
	Fax:	
	Mobile:	
	Email:	
I acknowledge that regular communication from the Society will be via email unless I have ticked this box: <input type="checkbox"/> mail		

Branch Affiliation:	<input type="checkbox"/> None required <input type="checkbox"/> Southern Highlands <input type="checkbox"/> Orange- Central West
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### UNDERTAKING

I, the undersigned, do hereby engage that I will endeavour to promote the interests and welfare of THE ROYAL SOCIETY OF NEW SOUTH WALES, and to observe the Rules and By-Laws as long as I shall remain a member thereof. A copy of the Rules and By-Laws can be obtained by visiting the Society's web page on:  
<http://nsw.royalsoc.org.au/society.html>

Signed:

Date:

The 2010 annual subscriptions are shown below. Please tick the appropriate box.

<input type="checkbox"/> Associate Member (under 25) \$26.00 (incl. GST)      Date of birth: .../.../...	<input type="checkbox"/> Associate Member (close relative of member) \$13.00 (incl. GST)
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Payment options (Tick one)

<input type="checkbox"/> Cheque attached <input type="checkbox"/> Money order attached <input type="checkbox"/> Other	<input type="checkbox"/> Electronic Transfer BSB: 062 031 Account Number: 009 000 43 Account Name: Royal Society of NSW Reference: your Surname Date of this transfer: .../.../.....
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### Section B: To be completed by the office

I the undersigned Member of the Society propose and recommend the above candidate as a proper person for admission into The Royal Society of New South Wales as an Associate Member thereof:	
<b>Proposing Member Details</b> Member Number: Name Printed: Members Signature: Date:	
Certificate received by:	Date certificate received:
Member accepted by Council on:	Member accepted by OGM on:
Payment details:	New Member number: