



Membership Form July 2017 - June 2018

Please complete the following form - both pages - and send your membership payment to the Treasurer (see details below).

APPLICANT DETAILS

Name:

Address:

..... Postcode:

Preferred Contact phone number:

Alternate Contact phone number: (if applicable)

Email:

For full time students only: Please print and have your lecturer sign the form, and return by post to the address below.

Institution where you are enrolled

Course title

Signature of Lecturer

Your annual JMGA subscription falls due on July 1 each year. Memberships not renewed before October 1 will be considered lapsed.	MEMBERSHIP RENEWAL		NEW MEMBERSHIP <i>Includes \$15 Registration Fee</i>
	RENEWAL OF CURRENT MEMBERSHIP <i>(Payment received before 1st October. Annual subs only)</i>	LAPSED MEMBER** <i>(Payment received after 1st October. Includes \$15 Registration Fee)</i>	
<input type="checkbox"/> Full member	\$50	\$65	\$65
<input type="checkbox"/> Student (full time) member*	\$30	\$45	\$45
<input type="checkbox"/> Senior (over 75) member	\$30	\$45	\$45

*Full Time Student membership: You must be enrolled full time at a recognized educational institution.

**Lapsed Member denotes returning members who were not current during the 2016/17 financial year, and any 2016/17 member paying after October 1, 2017.

PAYMENT METHOD

Cheque/Money Order (made payable to JMGA WA Inc)

Direct Deposit BSB 306-050 Account 417071-9

If paying by direct deposit, please send a copy of your bank transaction to treasurer@jmgawa.com.au

Please send completed form and payment to:
Gloria Slinger
Treasurer JMGA WA Inc.
4 Nicholson Loop
Bateman WA 6150

PRIVACY

As an incorporated body, JMGA WA (Inc) keeps up to date records of members, which is held and maintained by the Secretary, and may be available, upon specific request, for viewing by current financial members only. Unless specified below, your details are recorded on a membership database which is otherwise available only to the Executive Committee for mailing purposes (communications will come to you via email). JMGA WA does not disclose member's personal information to third parties.

Members' Directory - I consent / I do not consent to the following details being published in a Members' Directory, available in the Members' section of the JMGA WA website.

Email Phone number Address

All members who renew, and their payment is received, before 31st July 2017 will automatically be entered into a raffle to win a \$50 AJS voucher.



ATTENDANCE

It is a requirement that members attend a minimum of two (2) General Meetings of JMGA WA per year to maintain current membership status. Members who do not meet this requirement will not be eligible to participate in JMGA Members Exhibitions, workshops and events. Membership will be deemed lapsed and a new subscription fee will become payable at next renewal.

Reasonable requests for exemptions (e.g. interstate residents, night-time employment) will be considered by the executive committee. Please address exemption requests to secretary@jmgawa.com.au

I understand the attendance requirement and agree to attend a minimum of 2 meetings per year, or apply for exemption, where I am unable to meet this condition.

CODE OF CONDUCT

It is a condition of membership that all members agree to abide by the JMGA WA Code of Conduct.

I have read and agree to comply with the Code of Conduct (available to view at jmgawa.com.au)

Signed: Date:

Areas of Expertise

Please list below any special skills or knowledge you have that you would be prepared to share with other members, either in a workshop or meeting situation (as tutor or speaker, or in group discussion), or that you would be willing to have other members contract you for advice on, should the need arise. e.g. Enameling, anodizing, stone setting, book keeping, wax carving, etc.

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Members Emergency contact details

In the event of an emergency situation at a JMGA meeting or event, who should we contact on your behalf?

(We suggest listing this person on your mobile phone contacts, under the acronym I.C.E. – in case of emergency)

Emergency Contact 1

Their name:

Relationship (i.e. partner, sibling, friend):

Their Home Phone:

Work Phone:

Mobile Phone:

Emergency Contact 2

Their name:

Relationship (i.e. partner, sibling, friend):

Their Home Phone:

Work Phone:

Mobile Phone:

Optional – Anything else we should know? (Allergies, medical conditions, medications, your regular GP contact details.).....
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