



Heritage Skills Association WA Inc

Sharing skills to care and repair of heritage places

Website: <https://www.heritageskillsassociation.com/>

E: memberships@hsawa.com.au

This is the first group of its kind in Australia.

Our Vision: Sharing skills to repair and care for heritage places.

Membership in this organisation gives you access to network and connect with the heritage community, opportunities to participate in heritage training projects, attend HSA forums and future workshops.

NOMINATION FORM - FULL MEMBERSHIP

[Rules 9, 10, 11, 13 and 14, HSAWA Inc. Constitution; form approved by Board 30/6/2020]

For the membership year: 1 July to 30 June

I/We hereby apply to become a member of the Heritage Skills Association WA Inc., and undertake to support the objectives and uphold the rules of the Association, as set out in its constitution as amended from time to time.

APPLICANT DETAILS:

Sole Trader/Business Name: _____

Contact person:

Postal Address:

Postcode: State: Country:

Phone: Email:

ADDITIONAL NOMINEES' DETAILS (max of 5):

Surname	Given Name	Email

We are interested to know what heritage skills and experience you have and are willing to share with the Association



HERITAGE SKILLS (circle/highlight/or filling in the details)

Professional..... | Trade..... | Business..... | Other.....

INTEREST

Have skills in the following, that I am interested to share (circle/highlight): *Education, Advocacy, Business, Grants, Trade, Research, Committee, Social Media, Marketing, Finance, Projects*

- 1. What is your reason for joining the Association?
- 2. Would you like to join an HSA Forums (circle/highlight interest and to join mailing list):

Education Trades Professional Heritage Owners Museums/Gallery

- 3. (a) Business Members only: Are you (cross one):
Heritage Professional, Heritage Trade Specialist, Heritage Skills Educator
- (b) Sole Trader only: Are you (cross one):
Heritage Professional, Heritage Trade Specialist, Heritage Skills Educator

other.....

OR

Trading or specialist heritage skills:

- 4. Do you consider yourself to have any infirmity, illness, or disability about which the Association should be aware? If yes, can you describe any assistance or infrastructure we can assist you with?
- 5. List any Professional Affiliations you belong to:

REFEREE’S DETAILS

I hereby endorse this application for membership to the Heritage Skills Association WA.

Surname: Given Names:

..... **REFEREE’S SIGNATURE**

HSAWA Membership No:



GROUP MEMBERSHIP CATEGORY (circle relevant category): Full member

Sole Trader (\$150)

Business/Institution/Community Group (\$375)

Corporation (on application)

Membership year: 1 July to 30 June

Declaration

I/ We apply for membership of the Heritage Skills Association WA Inc and if accepted will undertake to abide by the Rules and By-Laws of the Association and undertake to pay all Fees and Dues as may be determined whilst a member of the Association.

..... Date / /
SIGNATURE of contact applicant

Please return completed nomination form to: membership@hsawa.com.au

After the nomination form has been accepted and processed, a tax invoice will be issued to you. Receipt of payment will complete registration as an HSAWA member.

OFFICE USE ONLY

Allocated Membership Number: HSAWA.....

New Application:

1. Date application received ____ / ____ / ____
2. Date Applicant Accepted _____
3. Date applicant notified ____ / ____ / ____
4. Method notified: email/telephone

Membership updates:

5. Data base updated ____ / ____ / ____ Initials: _____

PAYMENT DETAILS:

Receipt Number _____ Receipt Date _____