



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 for ASSOCIATE MEMBERSHIP

ASSOCIATE MEMBERSHIP CATEGORY: heritage owner, unwaged, student, retired

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

NOMINEE'S DETAILS

Surname: Given Names:

Postal Address:

Postcode: State: Country:

Phone: Email:

Declaration

I hereby 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 as set out in its constitution; and undertake to pay all Fees and Dues as may be determined whilst a member of the Association.

..... /..... /
SIGNATURE of applicant **Date**

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



HERITAGE SKILLS (circle/highlight/fill in the blanks)

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

INTEREST

Have skills in the following, that I am interested to share (circle or 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 interest and join mailing list):
Education Trades Professional Heritage Owners Museums/Gallery

3. 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 detail 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:

Return completed 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

GROUP MEMBERSHIP CATEGORY (circle relevant category title):

Associate member

*Unwaged, student, retired, heritage owner (\$50)

New Application:

- 1. *Date application received* / /
- 2. *Date Applicant accepted* / /
- 3. *Date applicant notified* / /
- 4. *Method notified: email / telephone*

Membership Number HSAWA.....

Membership updates:

- 5. *Data base updated* / / *Initials:*