



Botany Bay Family History Society Inc

PO Box 1006 Sutherland 1499

ABN 70 504 835 285

APPLICATION FOR MEMBERSHIP

Since 1984

SURNAME: Mr/Mrs/Miss/Ms/other.....

GIVEN NAMES: Preferred Name.....

SURNAME: Mr/Mrs/Miss/Ms/other.....

GIVEN NAMES: Preferred Name.....

HOME ADDRESS:

..... Postcode:

MAILING ADDRESS:

..... Postcode:

OCCUPATION: (or former occupation)

PHONE: MOBILE:

EMAIL:

PRIVACY STATEMENT

Botany Bay Family History Society Inc. is very conscious of its obligation to comply with privacy legislation and to respect the privacy of its members. However, the nature of family history research involves the exchange of information and knowledge and contact with other members who may be able to help you. We will seek your consent to the release to others of any personal information that we hold such as your address, phone number, email address and surnames being researched. Your personal details will not be included in any published database or other publication without your specific authority. You have the right to know what information about you is held by us and to withdraw your permission for release of information at any time by notification in writing to the Society at its postal address.

I give my permission for my email address to be added to the Group email list <i>This list is used to advise members of upcoming events prior to the next meeting, useful websites, and other general information.</i>	Signature
I wish to join the BBFHS Yahoo Group List <i>This is a free group set up exclusively for BBFHS members through Yahoo! where questions can be asked and information shared.</i>	Signature

Joining Fee \$10 Single membership \$33 Family Membership \$43

Membership Subscriptions are due 1 July each year

Payable to Botany Bay Family History Society Inc. by eftpos, cheque, money order, cash
or direct deposit to BSB 012 262 Account No.5731 87431
or

Charge my credit card

Visa () Mastercard () Amount.....

Card Number Expiry date.....

Name on Card..... Signature

I /we hereby apply to join the membership of the Botany Bay Family History Society Inc. I/we have read and understand the Privacy Statement. I/we have read and agree to abide by the Code of Ethics (as set out below). I / we agree to be bound by all the rules of the association both at present and if altered in the future.

Signature: Date:

Signature: Date:

CODE OF ETHICS

Botany Bay Family History Society Inc and its members are conscious that collecting, collating and sharing information about people, living or deceased are essential elements of family history, but that unauthorised publication of information can result in identity fraud and cause hurt and embarrassment to others. Therefore the Society and it members will

- Comply with the laws of copyright, observing the legal rights of copyright owners, by copying or distributing any part of their works only with their permission, or to the extent allowed under the copyright laws *fair use* provisions
- Respect the feelings of others who do not want information about themselves or deceased members of their family to be published, referenced or linked on a web site.
- Comply with privacy laws and not publish the personal details of living people without their specific permission
- Inform people who provide information about their families of the ways it may be used, carefully recording and observing any conditions they may impose on its use.
- Not publish any information of a sensitive nature that would cause hurt or embarrassment to anyone
- Not publish or publicise as fact anything known to be false, doubtful or unproved, nor be a party, directly or indirectly to such action by others
- Always credit authors of information, identify sources for all information and cite only those documents personally used

Membership is provisional until nomination accepted by the Executive Committee

I,a member of the association
(full name and member number)

nominate the applicant(s) for membership of the association.

SignatureDate

I, a member of the association
(full name and member number)

second the nomination of the applicant(s) for membership of the association.

SignatureDate

OFFICE USE ONLY

Payment by: Eftpos. \$..... Cash \$..... Cheque \$..... Direct Deposit \$.....

Credit Card \$..... Date..... Membership NoReceipt No.....New Members' Kit issued.....