



Society of Auctioneers & Appraisers (SA) Inc.

22 Greenhill Road, Wayville SA 5034 • Tel 8372 7830 • Fax 8372 7833 • Email society@auctioneers.com.au




Web: www.auctioneers.com.au

Membership Application Affiliate (Professional)

Affiliate (Professional) Membership is for persons who represent like-minded professions like media, training management or similar bodies or associations. REA Forms (AucDocs) is not available with this membership.

To the Secretary, Society of Auctioneers & Appraisers (SA) Inc., 22 Greenhill Road, Wayville SA 5034.

I hereby apply to be admitted as an Affiliate (Professional) Member and state that the following details are true and correct:

Surname (Mr/Mrs/Ms)	<input type="text"/>	Given Names	<input type="text"/>
Date of Birth	<input type="text"/>	Preferred First Name for Membership Directory	<input type="text"/>
Group Name	<input type="text"/>	Company Name	<input type="text"/>
Address	<input type="text"/>		Postcode <input type="text"/>
Mailing Address	<input type="text"/>		Postcode <input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
		Mobile	<input type="text"/>
Email	<input type="text"/>		Web <input type="text"/>
Home Address	<input type="text"/>		Postcode <input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
	<input type="text"/>		<input type="text"/>
			<input type="text"/>

I am applying for Membership as an Affiliate (Professional).

Details of my qualifications and experience are: _____

Please provide the names of two Practising, Master, Fellow or Life Members of the Society of Auctioneers & Appraisers (SA) Inc. who are prepared to act as Referees:

Name <input type="text"/>	Name <input type="text"/>
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If admitted, I agree to be bound by the Constitution and Rules of the Society and to abide by Best Practice Procedures and any decisions therefrom. (Displayed on the website Auctioneers.com.au see MEMBER INFORMATION – Member Files)

Signed <input type="text"/>	Date <input type="text"/>
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Joining Fees	\$99.00	\$99.00
Membership Fees	\$385.00	\$
TOTAL		\$

All prices include GST

Credit Card Authority for Expenses: TAX INVOICE: ABN: 82 885 149 245

Credit Card Type (please tick):

Visa Amex Mastercard

Amount: \$ _____

CVV

Card No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's Name _____ Signature _____ Expiry Date ____/____/____

OR Pay by cheque (enclosed) OR Direct debit: BSB 105 011 Account 106 198 240

Please post cheque to: Society of Auctioneers & Appraisers (SA) Inc, 22 Greenhill Road, Wayville SA 5034
or fax to: (08) 8372 7833