



AAGRA Membership Application

This application **MUST** be accompanied by documentary evidence supporting your competence in your chosen field.

Please carefully read the membership criteria [detailed on the AAGRA website] in which the application process is explained.

Submit this application and all supporting documentation in duplicate to:

The Secretary,
 Australasian Association of Genealogists and Record Agents Inc.,
 GPO Box 4401
 MELBOURNE VIC 3001

Personal Details and Contact Information

| | | | | | | | |
|--|--|--|----------------|---|--|---------------|--|
| Title: | | | | | | | |
| Surname: | | | | | | | |
| Given Names: | | | | | | | |
| Address: | | | | | | | |
| City: | | | PC: | | Country: | | |
| Phone No.: | | | Fax No. | | Mobile | | |
| e-mail | | | | @ | | | |
| Web address: | | | | http:// | | | |
| Occupation: | | | | | | | |
| Working experience as a Record Agent | | | | | Years | months | |
| Working experience as a Genealogist | | | | | Years | months | |
| Academic Qualifications | | | | | Awarding Institution and Year Awarded | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| Awards for Genealogical/Historical Services or related pursuits: | | | | | | | |
| I wish the AAGRA Council to consider the attached material for membership in the category[s] of: | | | | | | | |
| <input type="checkbox"/> Record Agent | | | | <input type="checkbox"/> Genealogist | | | |
| (either or both may be checked) | | | | | | | |

PRÉCIS OF GENEALOGICAL EXPERIENCE

[Please attach additional information if insufficient space, no limitations on details provided]

| | |
|---|--|
| Business Skills including business registrations. | |
| English Expression including any formal training | |
| Correct Citation Recording including examples of work | |
| Thorough understanding of sources relating to your field of expertise | |
| Training/experience in handling original documents and manuscripts | |
| Appropriate utilisation of sources to provide basis for analytical research | |
| Correct analysis of information and ability to document research rationale | |
| Lateral range of sources including summary of experiences to the present | |
| Accepted Genealogical Charting methods including computer skills. | |
| Manuscript preparation including lists of publications [Please attach example] | |

Supplementary Information

Special Interests {50 words}

| | | |
|--|---|---|
| State/ Location of Speciality: | <input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> NZ <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA | |
| Records Accessed {0-5 Selections} | <input type="checkbox"/> Adoption/Foster <input type="checkbox"/> Business records <input type="checkbox"/> Cemeteries <input type="checkbox"/> Convicts <input type="checkbox"/> Education <input type="checkbox"/> Family Names <input type="checkbox"/> Heraldry <input type="checkbox"/> Immigration/Migration <input type="checkbox"/> Indigenous <input type="checkbox"/> Inquests/Court Cases | <input type="checkbox"/> Land Titles/Maps <input type="checkbox"/> Local history/Place names <input type="checkbox"/> Military and Service Records <input type="checkbox"/> Mining/industrial history <input type="checkbox"/> Naturalisation <input type="checkbox"/> Newspapers <input type="checkbox"/> Passenger/Passengers <input type="checkbox"/> PublicService/Honours Records <input type="checkbox"/> Shipping <input type="checkbox"/> Wills/ Probate |
| Archives Accessed {0-5 Selections} | <input type="checkbox"/> All State Records <input type="checkbox"/> Australian War Memorial <input type="checkbox"/> Church of LDS <input type="checkbox"/> FHC <input type="checkbox"/> National Archives <input type="checkbox"/> National Library | <input type="checkbox"/> National Records <input type="checkbox"/> Noel Butlin Archives Centre <input type="checkbox"/> State Archives <input type="checkbox"/> State Library <input type="checkbox"/> State Records <input type="checkbox"/> Office/Depositories |
| International Research Expertise {0-5 Selections} | <input type="checkbox"/> ASIA: China <input type="checkbox"/> ASIA: Japan <input type="checkbox"/> ASIA: India <input type="checkbox"/> ASIA: Other <input type="checkbox"/> CENTRAL AMERICA AND CARRIBBEAN <input type="checkbox"/> EUROPE: Ireland <input type="checkbox"/> EUROPE: France <input type="checkbox"/> EUROPE: Germany <input type="checkbox"/> EUROPE: United Kingdom <input type="checkbox"/> EUROPE: Other <input type="checkbox"/> MIDDLE EAST, NORTH | <input type="checkbox"/> AFRICA & GREATER ARABIA <input type="checkbox"/> NORTH AMERICA: Canada <input type="checkbox"/> NORTH AMERICA: USA <input type="checkbox"/> SOUTH AMERICA: Argentina <input type="checkbox"/> SOUTH AMERICA: Brazil <input type="checkbox"/> SOUTH AMERICA: Chile <input type="checkbox"/> SOUTH AMERICA: Other <input type="checkbox"/> SUB-SAHARAN AFRICA ----- <input type="checkbox"/> OCEANIA [excluding Australasia] |

| | | |
|---|--|--|
| Non-English Languages {0-5 Selections} | <input type="checkbox"/> African dialect[s] <input type="checkbox"/> Arabic <input type="checkbox"/> Asian: Chinese <input type="checkbox"/> Asian: Indian <input type="checkbox"/> Asian: Japanese <input type="checkbox"/> Asian: Other | <input type="checkbox"/> European: Dutch <input type="checkbox"/> European: French <input type="checkbox"/> European: German <input type="checkbox"/> European: Other <input type="checkbox"/> Hebrew |
| Support Services: Topic {0-3 Selections} | <input type="checkbox"/> Family reunion <input type="checkbox"/> Biographies <input type="checkbox"/> Genealogies & family trees <input type="checkbox"/> Genetics | <input type="checkbox"/> Sourcing documents/ certificates <input type="checkbox"/> Missing heirs & persons <input type="checkbox"/> Medical research |
| Manuscript/Education: {0-3 Selections} | <input type="checkbox"/> Editor <input type="checkbox"/> Author <input type="checkbox"/> Consultant <input type="checkbox"/> Lecturer, Public Speaking | <input type="checkbox"/> Photo recognition <input type="checkbox"/> Genetics/DNA <input type="checkbox"/> Handwriting |

I, the undersigned applicant, declare that the information given herein is true and correct. If I am elected as a member of AAGRA I undertake to be bound by and observe the Association's rules and code of ethics.

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Signature of applicant

Date