The Pioneers Association of South Australia Inc.

Junior Pioneer Membership Application

Level 2
25 Leigh Street
ADELAIDE SA 5000 p. 08 8231 5055 e. info@pioneerssa.org.au

We're delighted you're applying for a Junior Pioneer membership, as it is a wonderful way for young people to connect with South Australia's early history, and we warmly encourage them to apply for full Pioneer Membership when they turn 18.

There's no annual fee — just a one-off $30 registration when you submit the form – and Junior Pioneers will receive a membership certificate and can join in special Pioneers SA events throughout the year.

Parents please note that Pioneers SA may take photographs or videos during Junior Pioneer activities and events for use in publications, newsletters, and the Pioneers SA website (no surnames are published). Please indicate here if you do not give permission for photographs or videos of your child to be used ☐

Please complete a separate application form for each Junior Pioneer applicant.

1. Junior Pioneer Applicant Details (please fill in all fields)

Full name: ..... Preferred name: .....

Date of Birth: ... / ... / ...

2. Parent's Contact Details (please fill in all fields)

Mother's full name: ..... Preferred name: .....

Father's full name: ..... Preferred name: .....

Phone (Home): ..... Phone (Mobile): .....

Email: .....

Postal Address Preferably the parent's address, as this is the address where all mail for the applicant will be posted.

Number & Street: ..... Suburb: .....

State: ..... Country: ..... Post code: .....

3. Applicant's Pioneer Ancestor(s) (Please fill in all fields)

Pioneer Ancestor - Name: .....

Place of arrival: ..... Date of arrival: ... / ... / ...

Name of ship:
OR other means of arrival in SA e.g. overland .....

4. Sponsor's Details (please fill in all fields)

Full name: ..... Pioneers SA Membership No: .....

Applicant's Relationship to the Sponsor

Child ☐ Grandchild ☐ Other: (please specify) .....

5. Junior Pioneer's Siblings (Optional)

1. Sibling name: ..... 2. Sibling name: .....

3. Sibling name: ..... 4. Sibling name: .....

6. Parent or Guardian Name, Signature and Date

Name: ..... Signature: ..... Date: ... / ... / ...

OFFICE USE ONLY Date application received: ... / ... / ... Membership No. .....