|  |  |
| --- | --- |
| The Pioneers Association of South AustraliaLevel 2, Stafford House, 25 Leigh Street, ADELAIDE, SA 5000p. 08 8231 5055, m. 0490 043 264, e. pioneerssa@tpg.com.au  |  |
| To make an application for Junior Pioneer membership please complete the details below. Email it or post it to the Membership Officer at PASA. The application will be reviewed to ensure it meets the eligibility criteria.Junior Pioneers receive a membership certificate; special events are run by PASA for Junior Pioneers. We encourage Junior Pioneers to become a full Pioneer Member we they turn of 18 years.There is no annual subscription just a one-off registration fee of $20, payable when the application is lodged. |
| NOTE: A separate application form is required for each Junior Pioneer applicant. |
| 1. **Junior Pioneer Applicant Details** (please fill in all fields)
 |
|  |  |  |
| Full name: |  | Preferred name: |  |  |
|  |  |  |  |  |
| Date of Birth: | / / |  |  |
|  |  |  |  |
| 1. **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, this is the address where all mail for the applicant will be posted. |
| Number & Street: |  | Suburb: |  |  |
| State: |  | Country: |  | Post code: |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| 1. **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 |  |  |

|  |
| --- |
| 1. **Sponsor’s Details** (please fill in all fields)
 |
| Full name: |  | PASA Membership No: |  |  |
|  |  |  |  |  |
| Applicant’s Relationship to the Sponsor |  |
|  |  |
|  | Child |  | Grandchild |  | Other: (please specify) |  |  |
|  |  |  |  |  |  |  |  |
| 1. **Junior Pioneer’s Siblings** (Optional)
 |
|  |  |  |
| 1. Sibling name:
 |  | 1. Sibling name:
 |  |  |
| 1. Sibling name:
 |  | 1. Sibling name:
 |  |  |
|  |  |  |
| 1. **Parent or Guardian Name, Signature and Date**
 |
| Name: |  | Signature: |  | Date: | / / |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **OFFICE USE ONLY** | Date application received: | / / | Membership No. |  |  |
|  |  |  |  |  |  |