

ROYAL SOCIETY OF NEW SOUTH WALES
APPLICATION FOR ASSOCIATE MEMBERSHIP (UNDER 25 OR FULL-TIME STUDENT)
PARENT/GUARDIAN CONSENT FORM FOR APPLICANTS UNDER 18 YEARS

Applicant Details

Student Name: _____

Date of Birth: _____

School: _____

Year: _____

Home Address: _____

Parent/Guardian Consent

I, _____ (full name of parent/legal guardian),
declare that I am the parent/legal guardian of the above-named student.

I confirm that:

1. The applicant is under 18 years of age.
2. I have read the information relating to Associate Membership of the Royal Society of NSW and understand the nature and purpose of the Society.
3. I give my consent for the student named above to apply for and hold Associate Membership of the Royal Society of NSW.
4. I understand that membership may include receiving email newsletters, notices of lectures and other activities and events, awards, and other Society communications, and I give my permission for the student to receive email communications directly from the Royal Society of NSW.
5. I acknowledge that participation in Society events may from time to time require separate registration and, where applicable, additional parental consent.
6. I understand that the Royal Society of NSW will collect, store, and use the student's personal information for purposes associated with membership administration and communication, in accordance with its [privacy policy](#).
7. I do / do not (choose one) consent to the Royal Society of NSW using photographs taken at Society events that may include my child in Society publications, on the Society website, and on social media.
8. I undertake to notify the Society of any relevant changes to the student's contact details while membership is active.

Parent/Guardian Contact Details

Parent/Guardian Name: _____

Relationship to Student: _____

Address: _____

Email: _____

Mobile Phone: _____

Declaration

I declare that the information provided in this form is true and correct to the best of my knowledge. I consent to the above-named student applying for and holding Associate Membership of the Royal Society of NSW.

Signature of Parent/Guardian:

Date: _____

Student Acknowledgement

I wish to become an Associate Member of the Royal Society of NSW and agree to conduct myself in a manner consistent with the purposes and values of the Society.

Signature of Student:

Date: _____