

in *living* memory

Photo Order Form

For copies of photographs from
the Aborigines Welfare Board

To order up to 10 copies of any Aborigines Welfare Board (AWB) photographs
you have seen in the *In Living Memory* exhibition
please complete the following order form

**Photos are \$1 each + \$4 for postage
(printed on A4 photo paper)**

Orders are limited to 10 photographs and will be completed within 15 working days of
receipt of this order form.

Photographs reproduced by State Records are for personal use only. You must contact the
Department of Aboriginal Affairs (DAA) for permission to publish, display publicly,
broadcast or reproduce the photographs in any format. Requests for more than 10
photographs should also be directed to DAA.

Photograph Details

Please provide details of photographs you would like to order in the space below

	Original number (see database or photo albums, eg # 8911)	Description of photograph What is the image of?	No of copies
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Declaration (please read these conditions carefully)

- I am ordering these photographs for private use
- I understand that permission must be obtained from the NSW Department of Aboriginal Affairs to publish or reproduce any part of these photographs
- State Records cannot accept responsibility for photographic orders lost in the postal system

Signature: _____ **Date:** _____

Payment for copies

Total Cost of Copies

Photos are \$1 each + \$4 for postage

Add up the number of copies you have included in your order (maximum of 10)

Calculate the total cost of the order and place in the space below

Total Cost of Copies (\$1 each)	
Postage	
TOTAL COST	

Your Details

Name	
Address	
Suburb/Town	
State	
Postcode	
Telephone	
Mobile	

**Please send credit card details or money order with your order
Please do not send cash**

We accept Visa and MasterCard. **Minimum credit card order is \$10.**
Cheques or money orders should be made payable to State Records. We do accept personal cheques from foreign banks.

Payment details

Cheque/money order: (please tick box) Credit Card (please tick box)

Credit card details

Credit Card Name: _____

Credit Card Number: _____

Select your credit card type: Visa (please tick box) Mastercard (please tick box)

Card Expiry Date: _____ Signature: _____

Please complete the form and mail/fax to:

<p>State Records Reprographics Officer PO Box 516 Kingswood NSW 2747 Phone: (02) 9673 1788 Facsimile (02) 9833 4518</p>
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