



AUSTRALIAN AMERICAN ASSOCIATION (WA DIVISION) INCORPORATED

FOSTERING FRIENDSHIP BETWEEN TWO GREAT NATIONS

MEMBERSHIP APPLICATION

Mr. Mrs. Ms	SURNAME:	Given Name(s):	
Address			Postcode:
Tel (H):	Tel (wk):	Mobile:	
Fax: Nil	Occupation:		
Email (lower case- actual) PLEASE print clearly:			
Birthday (Month & Day) for our newsletter:			

MEMBERSHIP FEES BASED ON A FINANCIAL YEAR ENDING 30 JUNE NEXT

PLEASE TICK APPROPRIATE MEMBERSHIP TYPE YOU SEEK	<input type="checkbox"/> ENDEAVOUR - \$25.00 per annum 18 – 25 years of age
	<input type="checkbox"/> INDIVIDUAL - \$60.00 initially (reverting to \$45 pa on renewal)
	<input type="checkbox"/> FAMILY DISCOUNT - \$80.00 initially (reverting to \$65 pa on renewal) (ie two family members at the same address)

I/we hereby apply for membership of the Australian American Association (WA Division) Incorporated and agree to be bound by the Association's Constitution and Rules – see www.aaawa.com.au for a copy.

On making the required payment to Australian American Association I/we understand that the application is subject to approval of the Executive Committee and the money will be refunded if not approved.

Applicant's Signature..... **Dated:**

Proposer's Name & Signature:..... **Dated:**

PAYMENT

BPAY – BSB: 633 108 : 128 966 330 or use credit card: I/We authorise Australian American Association to debit the credit card detailed below with the Balance due in accordance with the Card Conditions of Use.

CARD IN THE NAME OF: _____ EXP: /

THESE CARDS ONLY - VISA, MASTERCARD OR AMERICAN EXPRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SIGNATURE: _____ DATE: _____ AMOUNT: _____