



AUSTRALIAN AMERICAN ASSOCIATION

(WA DIVISION) INCORPORATED

FOSTERING FRIENDSHIP BETWEEN TWO GREAT NATIONS

(Mail to the Hon Treasurer & Membership Officer with cheque attached)

PO BOX 926 SUBIACO WA 6904

MEMBERSHIP APPLICATION

Dr / Mr / Mrs Ms / Miss	Surname	First name (& partner's name for family membership)	
Address			Postcode
Tel (H)	Tel (wk)	Mobile	
Fax	Occupation		
Email (lower case- actual)		Email (again in uppercase for clarification)	
Birthday (Month & Day) for our newsletter			

MEMBERSHIP FEES BASED ON A FINANCIAL YEAR ENDING 30 JUNE NEXT (\$15 CHEAPER ON RENEWAL)

PLEASE TICK APPROPRIATE MEMBERSHIP TYPE YOU SEEK	ENDEAVOUR - \$25.00 initially (reverting to \$20 pa on renewal)
	INDIVIDUAL - \$60.00 initially (reverting to \$45 pa on renewal)
	FAMILY - \$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.....ANN SPIRO..... Dated.....

PAYMENT

BPAY – BSB: 633 108 : 1289 66330 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 BANKCARD

SIGNATURE: _____ DATE: _____ AMOUNT: _____