

## Membership Application Form

Membership runs from **July to June** each year. No pro-rata.

Renewal

New membership

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Field of expertise: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I am happy to receive the WAFTA e-newsletter and emailed news updates:

YES (e-mail newsletter AND news updates)

NO (mailed newsletter, NO e-mail at all)

**Important:** E-mail is our preferred method of newsletter delivery. There are FIVE newsletters per year and occasional news e-mails between newsletters. News items can be read at [www.wafta.com.au/news.html](http://www.wafta.com.au/news.html)

I am happy for WAFTA to send me a book of raffle tickets which I will sell on behalf of WAFTA for fundraising purposes:

YES

NO

I grant permission for WAFTA to publish my contact details to other members of the Association:

YES

NO

Membership Fees:

\$35  Regular Practitioner

\$30  Student/Concession

\$30  Country (Rural WA)

\$35  Affiliate, Association, Corporate

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or e-mail to:  
The Treasurer  
WAFTA Inc.  
PO Box 1376  
SOUTH PERTH, WA, 6951  
[info@wafta.com.au](mailto:info@wafta.com.au)

Payment methods: **cheque, money order or direct deposit**

Bank: Westpac

BSB: 036-045

Account No: 147043

Account Name: WAFTA Inc.

**YOUR FULL NAME** on the deposit reference for tracking  
**SEND BANK DEPOSIT COPY** with form or by e-mail

Office use only

Date Entered:

Card ID:

**Your receipt and membership number will be e-mailed to you (posted if no e-mail)**