

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 preferred. You will receive FIVE newsletters per year & occasional news update e-mails

I am happy to receive a book of raffle tickets to 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:

\$40 Regular Practitioner

\$35 Student/Concession

\$35 Country (Rural WA)

\$40 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
www.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 (v7.3)

Date Entered:

Card ID:

Allow up to 4 weeks for your membership to be processed
Your receipt and membership number will be e-mailed to you (posted if no e-mail)