

THE AUSTRALIAN ASIAN ASSOCIATION OF WA INC.

MEMBERSHIP APPLICATION

I/We _____

Wish to apply for **Single/ Family/ Affiliate/ Corporate** (please circle) membership of the Australian-Asian Association of WA Inc. and if accepted agree to be bound by its Constitution.

Signature _____ Date _____

Payment of \$ _____ enclosed (cash/ cheque/ money order)

Membership rates (inclusive of GST)

Single \$11.00 Family \$16.50 *Affiliate \$27.50 *Corporate \$55.00
(Cheque/Money Order to be made payable to the Australian-Asian Association of WA Inc.)

*Please provide a copy of your Constitution/Articles of Association

Proposed by _____ **Seconded by** _____

DETAILS FOR MEMBERSHIP REGISTER

SINGLE/FAMILY

Name _____

Address _____

_____ P/code _____

Tel. h. _____ w. _____

Fax. _____ mob. _____

Email _____

Occupation _____

Originally from _____

Names of children under 18

AFFILIATE/CORPORATE

Name _____

Address _____

Address _____

_____ P/code _____

President _____

Tel. h. _____ w. _____

Secretary _____

Tel. h. _____ w. _____

Fax. _____

Email _____

Office Use only

Approved _____ Date _____