



Membership Application

APPLICANT:

AEAWA

Title: First Name: Last Name:

Address: Birth date:

Suburb: Post Code: State:

Phone : Mobile: Email:

SPOUSE/PARTNER:

Title: First Name: Last Name:

Birth date: Mobile: Email:

CHILDREN (under 18yo):

Name: Birth date:

Name: Birth date:

Name: Birth date:

MEMBERSHIP CATEGORY:

A once only joining fee \$20 is charged for administration of the records.

Annual fees (1 January - 31 December)

Family \$35 Single \$25 Pensioner \$20 Pensioner Family \$20

This application must be signed by the applicant, as well as financial members of AEAWA, who sign as proposer and seconder.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proposer	Signature	Membership #	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seconder	Signature	Membership #	Date

If I am accepted as a Member, I agree to be bound by the Rules of the Australian Eurasian Association of WA Inc. .

Signature: Date:

MAIL TO: AEAWA P O Box 875, CLOVERDALE WA 6985

The association communicates with its members using social media platforms such as Facebook and the Website. We also produce a monthly newsletter, 'The Eurasian'. Please give provide an email address for us to send it to

Email to me, thank you!

OFFICE USE ONLY

Approved/Rejected: Membership Number: Receipt Number:

Rules & Approval letter: Database updated: Editor Notified: