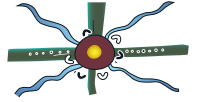




Western Australian
AIDS COUNCIL



NGALA KAADITJ WADJUK MOORT KEYEN KAADAK NIDJA BOODJA

We acknowledge Noongar people as the original custodians of the land on which our office sits

Official Use Only

Receipt No.

Board Approval

Membership Application/Renewal

July 2016 June 2017

New Application Renewal Change of Address

First Name _____ Surname _____

Partner's Name _____ (Couples Membership only)

Address _____

Suburb _____ State _____ Postcode _____

Telephone _____ Email _____

Membership Type (Please select)

Individual \$30 Couples \$50 (both Parties are full members) Volunteer \$20 Corporate \$100
 Concession \$20 (please attached copy of student/pension card)

As a member of the WA AIDS Council Inc, I agree to abide by the objectives of the Council as set out in the Constitution and that my actions will not be detrimental to the interests of the organisation.

Signature

Donation: Please tick if you would like to support WA AIDS Council with a donation

\$10 \$20 \$50 \$100 \$200 \$500

Other (please specify) _____

Payment

Cheque/Money Order (please make payable to WA AIDS Council) Cash (please do not post cash)

Visa Mastercard Card Number _____

Card Security Number _____ (The last three digits next to the signature on the back of the card)

Name as it appears on the card _____

Expiry Date ____/____/____ Signature _____ Today's Date ____/____/____

For New Memberships Only

Membership Proposed by Name _____ Signature _____

Membership Seconded by Name _____ Signature _____

Please note: Where applicants are applying for a new membership and are unable to obtain a proposer and seconder, the applicant is required to provide a brief statement outlining the reasons for wanting to be admitted as a member. The Board will consider the reasons and the application may be proposed and seconded by Board members when membership status is considered at the next Board meeting. Please return this form to the WA AIDS Council, Reply Paid 1510, West Perth, WA 6872 or fax to 08-9482 0001. A receipt will be issued and mailed. Thank you.



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 PO Box 1510 West Perth 6872 | ABN 66 376801 057

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