



Ukrainian Association of Western Australia Inc.

Українська Громада Західної Австралії

(ABN: 20095493574)

PO Box 420 Dianella West Australia 6059

MEMBERSHIP APPLICATION / RENEWAL FORM

DATE:

Applicant:			
Name: <i>Dr / Mr / Mrs / Miss / Ms</i>	(Surname)	(Other Names)	
Residential Address:			
Suburb:		Post Code:	
Postal Address:			
Suburb:		Post Code:	
Telephone: (applicant 1)			
	<i>Home (silent : y / n)</i>	<i>Business</i>	<i>Mobile</i>
Email:			

Partner:			
Name: <i>Dr / Mr / Mrs / Miss / Ms</i>	(Surname)	(Other Names)	
Residential Address:			
Suburb:		Post Code:	
Postal Address:			
Suburb:		Post Code:	
Telephone:			
	<i>Home (silent : y / n)</i>	<i>Business</i>	<i>Mobile</i>
Email:			

<i>Please Tick One Only</i>	Membership Type	Fee	\$
	Ordinary Member	(\$30 per annum)	\$
	Ordinary Member (couple)	(\$50 per annum)	\$
New Member..... <input type="checkbox"/>	Concession Card/Pensioner Member	(\$20 per annum)	\$
Renewal..... <input type="checkbox"/>	Donation:		\$
	Total amount enclosed:		\$

**This section is for New Membership Applications only
(Nominator & Seconder must be financial members)**

Applicant	Nominated by:	Seconded by:
<i>Signature:</i>	<i>Signature:</i>	<i>Signature:</i>
<i>Print Name:</i>	<i>Print Name:</i>	<i>Print Name:</i>

Partner	Nominated by:	Seconded by:
<i>Signature:</i>	<i>Signature:</i>	<i>Signature:</i>
<i>Print Name:</i>	<i>Print Name:</i>	<i>Print Name:</i>

OFFICE USE ONLY		
Date Received:	Receipt No.	Processed by:
Date Mailed:	Hand delivered:	Membership Card No