



# AUSTRALIAN AMERICAN ASSOCIATION

(WA DIVISION) INCORPORATED

FOSTERING FRIENDSHIP BETWEEN TWO GREAT NATIONS

## MEMBERSHIP APPLICATION

Mr Mrs Ms	SURNAME:	GIVEN NAMES:	
Address:		Postcode:	
Tel: (H)	Tel: (W)	Mobile:	
Fax:	Occupation:		
Email: (lower case) PLEASE PRINT CLEARLY:			
Birthday: (Month & Day) – for our Newsletter			

### MEMBERSHIP FEES BASED ON A FINANCIAL YEAR ENDING 30 JUNE NEXT

PLEASE TICK APPROPRIATE MEMBERSHIP TYPE YOU SEEK	<input type="checkbox"/> ENDEAVOUR: \$25.00 per annum 18-35 years of age
	<input type="checkbox"/> INDIVIDUAL: \$65.00 initially (reverting to \$50 pa on renewal)
	<input type="checkbox"/> FAMILY DISCOUNT: \$80.00 initially (reverting to \$65 pa on renewal) (i.e. two family members at the same address)

I/We hereby apply for Membership of the Australian American Association (WA Division) Incorporated and agree to be bound by the Association's Constitution and Rules - see [www.aaawa.com.au](http://www.aaawa.com.au) for a copy.

On making the required payment to Australian American Association, I/We understand that the Application is subject to approval of the Executive Committee and the money will be refunded if not approved.

Applicant's Signature: ..... Dated: .....

Proposer's Name & Signature: ..... Dated: .....

### PAYMENT METHODS:

#### EFT:

BSB: 633 108: 128 966 330 (If you use this method please ensure you put your name as a Reference so we know who the payment is from.)

#### CREDIT CARD:

I/We authorise **Australian American Association** to debit the credit card detailed below with the Balance due in accordance with the Card Conditions of Use.

CARD IN THE NAME OF: .....

EXP:   /   SEC #:

THESE CARDS ONLY - VISA, MASTERCARD or AMERICAN EXPRESS

SIGNATURE..... DATE: .....

AMOUNT: \$.....

PAY BY CHEQUE: PAYEE: AUSTRALIAN AMERICAN ASSOCIATION WA DIVISION

AMOUNT: \$ ..... DATE: .....

Mail to the Membership Officer, PO Box 307, VICTORIA PARK WA 6979 OR

Email: [aaawa329@gmail.com](mailto:aaawa329@gmail.com)