

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:							
Dr / Mr / Mrs / Miss / Ms	(Surname)			(Other Names)			
Residential Address:							
Suburb:				P	ost Code:		
Postal Address:							
Suburb:	Post C						
Telephone: (applicant 1)	11	(allacet and to be	Mahila				
Fmaile	Home (silent : y / n)	ess		Mobile		
Email:							
		Partner:					
Name:							
Dr / Mr / Mrs / Miss / Ms	(Surname	((Other Names)				
Residential Address:	<u> </u>						
Suburb:	-		P	ost Code:			
Postal Address:							
Suburb:				P	ost Code:		
Telephone:	Home (silent:y/n)		<u> </u>				
F	Home (Busin	Business		Mobile		
Email:							
Please Tick One Only		pe	e Fee			\$	
New Member	Ordinary Member			ember	(\$30 per annum) \$		
	Ordinary Member (couple)				(\$50 per annum) \$		
	Concession Card/Pensioner Member			ember	/ / /		
	Donation:			ation:			\$
		Total amo		losed:			\$
		This sect	unt encl	ew Member	ship Applications		\$
Applicant		This sect (Nomin	unt encl	ew Member	be financial memb	ers)	
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Signature: Print Name:		This sect (Nomina Nomina Signature:	unt enclion is for Ne ator & Secon ted by:	ew Member	be financial member Seconomics Signature: Print Name:	ers)	7:
Signature: Print Name: Partner		This sect (Nomina Nomina Signature: Print Name: Nomina	unt enclion is for Ne ator & Secon ted by:	ew Member	Secondary Second	onded by	7:
Signature: Print Name: Partner Signature:		This sect (Nomina Nomina Signature: Print Name: Nomina Signature: Print Name:	unt enclion is for New Actor & Second ted by:	ew Member	Signature: Print Name: Seco	onded by	7:
Signature: Print Name: Partner Signature:	Re	This sect (Nomina Nomina Signature: Print Name: Nomina Signature:	unt enclion is for New Actor & Second ted by:	w Member nder must I	Signature: Print Name: Seco	onded by	7: