

**APPLICATION FOR MEMBERSHIP**

**First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

(please tick)

•• ***I would like to volunteer my services where I can, details:***

\_\_\_\_\_  
\_\_\_\_\_

•• ***My membership fee of \$10 is enclosed***

*Return to:*  
**P.O. BOX 7692,  
Cloisters Post Office,  
Hay St. Perth, WA. 6850**