

## The West Australian Miniature Association Inc.

## Membership Renewal

Name		Birthday (dd/mm)/
Additional Family Member 1 Name		
Additional Family Member 2 Name ————————————————————————————————————		
Address		Postcode
Phone	Fax	Mobile
Email Address		
Do you belong to a club? If so, please na	ame	
I, the applicant (and family members if applicable), wish to become a member of the West Australian Miniature Association Incorporated, and agree to abide by the Rules which govern the activities of membership. Payment of your subscription implies acceptance.		
Signed Applicant		Date
Signed Additional Family Member 1:		2:
In an effort to save the Association printing & postage costs, please indicate by ticking the box if you are willing to receive announcements via email.		
Membership Fees		
Membership is from 1st July to 30th June each year. All membership fees are in AUD.		
Australian Membership Fees	<ul><li>1 full year</li><li>2 full years</li><li>3 full years</li></ul>	\$15 \$29 \$43
Additional Family Member (family members are not entitled to the benefits of a full membership)	- per year	\$ 5

Please make cheques payable to WA Miniature Association Inc, and remit to; Secretary WAMA PO Box 24A THORNLIE WA 6988

You may also pay by bank transfer, and please ensure you list your surname as your reference/description

**West Australian Miniature Association** 

BSB: 016 270

ACCOUNT: 4945 16903