



# Membership Application

## Business Name

Type of Business

Location Address

Post Code

Mailing Address

Post Code

E-Mail Address

Web Page

Business Phone No.

Mobile No.

Applicant's Surname

First Name

Position Held In Business

Signature

Dated

Number of Employees in this business including principals

ANNUAL MEMBERSHIP	ANNUAL MEMBERSHIP	ANNUAL MEMBERSHIP	ANNUAL MEMBERSHIP	ANNUAL MEMBERSHIP
<b>NFP</b> Not For Profit	<b>SILVER</b> Sole Traders	<b>GOLD</b> Corporate	<b>PLATINUM</b>	<b>DIAMOND</b>
<b>TAX INVOICE</b>	<b>TAX INVOICE</b>	<b>TAX INVOICE</b>	<b>TAX INVOICE</b>	<b>TAX INVOICE</b>
PLEASE PAY WITH APPLICATION	PLEASE PAY WITH APPLICATION	PLEASE PAY WITH APPLICATION	PLEASE PAY WITH APPLICATION	PLEASE PAY WITH APPLICATION
NOMINATION FEE (One Time Only) \$75	NOMINATION FEE (One Time Only) \$75	NOMINATION FEE (One Time Only) \$75	NOMINATION FEE (One Time Only) \$75	NOMINATION FEE (One Time Only) \$75
12 MONTH MEMBERSHIP \$0	12 MONTH MEMBERSHIP \$295	12 MONTH MEMBERSHIP \$595	12 MONTH MEMBERSHIP \$1,995	12 MONTH MEMBERSHIP \$3,995
<b>TOTAL (Inc GST) \$75</b>	<b>TOTAL (Inc GST) \$407</b>	<b>TOTAL (Inc GST) \$737</b>	<b>TOTAL (Inc GST) \$2,277</b>	<b>TOTAL (Inc GST) \$4,477</b>

EFT TO: BSB 126 540 ACCOUNT: 20698398 (OR SEE BELOW FOR CREDIT CARD DETAILS)

PLEASE DEBIT MY  MASTERCARD  VISA CARD NO.

IN THE NAME OF

EXPIRY DATE /

SIGNED

DATED

NOTE: THIS APPLICATION WILL BECOME A TAX INVOICE ON ACCEPTANCE OF MEMBERSHIP

To: The Executive Committee  
Western Suburbs Business Association Inc  
PO Box 425, Subiaco, WA, 6904

P: 9381 3219  
E: info@wsba.net.au  
ABN: 42 169 919 308  
W: www.wsba.net.au

I hereby make application for membership to the Western Suburbs Business Association Inc.  
In the event of my acceptance by the Association, I agree to abide by the Constitution and Rules of the Association.  
I acknowledge that my business details will be available to all members.

Signed

Name