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

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