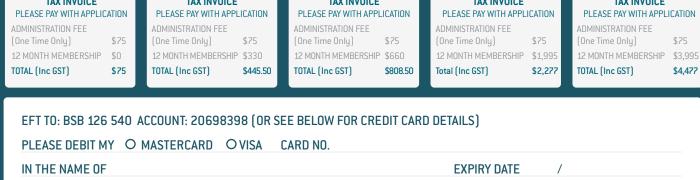


**SIGNED** 

## VSB1 Membership Application

**DATED** 

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 First Name	e	Surname			
Position Held In Busin	ess				
Signature		Dated			
Number of Employees	s in this business including	gprincipals			
ANNUAL MEMBERSHIP	ANNUAL MEMBERSHIP	ANNUAL MEMBERSHIP	ANNUAL MEMBERSHIP	ANNUAL MEMBERSHIP	
NFP Not For Profit	SILVER Sole Traders	GOLD	PLATINUM	DIAMOND	
TAX INVOICE	TAX INVOICE	TAX INVOICE	TAX INVOICE	TAX INVOICE	



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

To: The Executive Committee P: 9381 3219 Western Suburbs Business Association Inc E: info@wsba.net.au ABN: 42 169 919 308 PO Box 425, Subiaco, WA, 6904 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