



The West Australian Miniature Association Inc.

Membership Renewal

Name _____ Birthday (dd/mm) ____ / ____

Additional Family Member 1 Name _____

Additional Family Member 2 Name _____
(Family members are those who reside in the same household)

Address _____ Postcode _____

Phone _____ Mobile _____

Email Address _____

Do you belong to a club? If so, please name _____

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: _____

Membership Fees

Membership is from 1st July to 30th June each year. All membership fees are in AUD.

Australian Membership Fees	- 1 full year	\$20
	- 2 full years	\$39
	- 3 full years	\$58
Additional Family Member	- per year	\$ 5

(family members are not entitled to the benefits of a full membership)

Please pay by bank transfer. List your surname as your reference/description

West Australian Miniature Association

BSB : 016 270

ACCOUNT : 4945 16903

Any enquiries to secretary@wama.org.au or WAMA, PO BOX 24A, THORN LIE WA 6988