

Western Australia Study Group

Application for Membership

To PO Box 423
Claremont
Western Australia 6910

Date _____

All details provided are strictly confidential and will NOT be revealed

Full Name	
Residential Address (mandatory)	
Address for correspondence	
Phone	Fax
Email	
Please nominate two referees in support of your application.	
Name	
Address	
Phone	
Name	
Address	
Phone	
Please list any other relevant societies to which you belong	
Your Special Interests: Western Australia in details; others	
Applications, when received by the Secretary, will be tabled at the next regular meeting and processed at the subsequent regular meeting	