

ASSOCIATE MEMBER APPLICATION

SAVE WILLIAMSTOWN Inc.

ABN 45 246 360 695



mail today to Save Williamstown Inc PO Box 689 Williamstown 3016 or
 email to memberships@savewilliamstown.net

.....
 First name: Last name:

.....
 Street or PO Box:

.....
 Suburb: Postcode:

.....
 Email Address (please print clearly):

.....
 Landline (BH/AH): Mobile:

Save Williamstown supports the heritage, the industries and the community of Williamstown and surrounds. We also support appropriate development but will fight vigorously against inappropriate development.

Communication between Save Williamstown and Associates Members will be via email. In signing this application form you agree to this method of communication

I would like to become an ASSOCIATE MEMBER of Save Williamstown []
I understand I do not have voting rights
I understand that applications are approved by the Committee of Management.
I agree to support the purposes of Save Williamstown Inc. A0059430K
I agree to keep Save Williamstown informed of my current email address.
I agree that I participate in the activities of Save Williamstown at my own risk.

.....
 Signature Date

Fees
 Associate Members \$20 per year (due 1 January of each year)

Payment

Membership Fee	\$ 20	(Membership includes GST)
Donation	\$.....	(Donations do not include GST)
TOTAL	\$.....	

by Electronic Funds Transfer to:
 Save Williamstown Inc BSB: 633 000 Account: 149 595 704
 Payment Ref: M<Surname><Phone number>
Email this form & lodgement receipt to memberships@savewilliamstown.net
 or
 by cheque with this form by mail to: Save Williamstown Inc (address above)

The Committee of Management reserves the right to accept or reject associate members applications without the need for explanation. Unsuccessful applicants will have payment returned. Failure to pay each year will result in your name being removed from the associate members list.

FOR OFFICE USE
Approved date:
Associate No: