



## Membership Application Form

Full name .....

Postal Address .....

.....State .....Postcode.....

Email address.....

Preferred phone number (s)

Mobile.....

Home phone ( .. ).....

Signature.....

Date ...../...../202

### Optional questions

How did you find out about the Wattle Day Association?

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.....

Why do you want to become a member?

.....  
.....  
.....

**Fees:** Membership is an annual donation of \$25 per person, \$40/family and \$50 for an organisation.

### By Bank Transfer into the Association's account:

BSB: 633 000 (Bendigo Bank, Curtin)

Account name: Wattle Day Association Inc.

Account No.: 146421318

Please type your name for the reference so that we know that it is you that is paying and send an email to the President [president@wattleday.asn.au](mailto:president@wattleday.asn.au) to say that you have made your payment.

**By Cheque** made out to the 'Wattle Day Association Inc.' and posted to:

The Treasurer, Wattle Day Association Inc.

PO Box 530 MAWSON Canberra ACT 2606 Australia