

Annual SAWA Membership - Printed Details & Cheque

First Name:

Surname:

Address:

Suburb/town:

Post Code:

Phone:

Email:

Membership (tick if applicable)

(full/concession/student/organization)

Select applicable 1 year membership

- Regular \$30
- Concession \$15
- Student \$10
- Organisation \$100

Optional Donation: I would like to make a donation of \$

Total amount payable for membership and donation if applicable: \$

For new membership applications:

By signing this membership application form I certify that I agree with the objectives of SAWA-Australia (SA) and undertake to abide by its [constitution](#).

Signature:

Date:

Volunteering:

I am interested in assisting SAWA-Australia (SA) in its work through:

- Fundraising/merchandise
- Event organisation
- Lobbying - email or letter writing
- Other (please specify)

Please send the completed form with your cheque and/or money order made out to SAWA-Australia - and post to: SAWA-Australia (SA), PO Box 44, Dernancourt, SA 5075

Thank You.