

# Membership Application

BUSINESS NAME \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WEB PAGE \_\_\_\_\_

BUSINESS PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

APPLICANT'S SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

POSITION HELD IN BUSINESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NUMBER OF EMPLOYEES IN THIS BUSINESS INCLUDING PRINCIPALS \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT FOR PROFIT	INDIVIDUAL MEMBERSHIP	CORPORATE MEMBERSHIP	PLATINUM MEMBERSHIP
	TAX INVOICE	TAX INVOICE	TAX INVOICE
	PLEASE PAY WITH APPLICATION:	PLEASE PAY WITH APPLICATION:	PLEASE PAY WITH APPLICATION:
	NOMINATION FEE: (One time only) \$75	NOMINATION FEE: (One time only) \$75	NOMINATION FEE: (One time only) \$75
12 MTHS MEMBERSHIP:	12 MTHS MEMBERSHIP: \$350	12 MTHS MEMBERSHIP: \$660	12 MTHS MEMBERSHIP: \$2000
TOTAL: (incl. GST) NO CHARGE	TOTAL: (incl. GST) \$425	TOTAL: (incl. GST) \$735	TOTAL: (incl. GST) \$2075

CHEQUE ATTACHED PAYABLE TO WESTERN SUBURBS BUSINESS ASSOCIATION INC  
 EFT TO: BSB 126 540, ACCOUNT 20698398 SBA (OR SEE BELOW FOR CREDIT CARD PAYMENT)

PLEASE DEBIT MY  MASTERCARD  VISA CARD NO. | | |

IN THE NAME OF \_\_\_\_\_ EXPIRY DATE |

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

NOTE: THIS APPLICATION WILL BECOME A TAX INVOICE ON ACCEPTANCE OF MEMBERSHIP

To: The Executive Committee P: 9381 3219 F: 9262 3582  
 Western Suburbs Business Association Inc E:  
 P.O. Box 425, SUBIACO, WA, 6904 ABN: 42 169 919 308  
 W: www.wsba.net.au

I hereby make application for membership to the Western Suburbs Business Association Inc. In the event of my acceptance by the Association, I agree to abide by the Constitution and Rules of the Association. I acknowledge that my business details will be available to all members.

Signed \_\_\_\_\_ Name \_\_\_\_\_

