

## Membership Application

Business Name	
Type of Business	
Location Address	Post Code
Mailing Address	Post Code
E-Mail Address	
Web Page	
Business Phone No.	
Mobile No.	
Applicant's First Name	Surname
Position Held In Business	
Signature	Dated
Number of Employees in this business including principals	
By checking this box, you acknowledge that if specific wording fo	or social media posts and the website is not provided,





we may use content from publicly available sources.







## EFT TO: BSB 126 540 ACCOUNT: 20698398 (OR SEE BELOW FOR CREDIT CARD DETAILS)

PLEASE DEBIT MY O MASTERCARD OVISA 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
Western Suburbs Business Association Inc E: info@wsba.net.au
P0 Box 425, Subiaco, WA, 6904
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.

**SUBMIT APPLICATION** 

Signed Name