

LAA MEMBERSHIP FORM



Please tick (✓) one box

- I declare I am Aboriginal, over 18 years of age and am applying for Full Membership of LAA
OR
- I declare I am Non-Aboriginal and am applying for Associate Membership of LAA
OR
- I am applying for Associate Membership of LAA on behalf of
(please write in Organisation Name) _____

I hereby apply for membership of Langford Aboriginal Association Inc. according to the above and I agree to support and promote the objectives of the Association.

Title: (e.g. Mr, Miss, Ms, Mrs)		DOB:	
First Name:		Surname:	
Address:		Suburb:	
Post Code:		Home Phone:	
Work Phone:		Mobile:	
Email:			

*I understand that membership is valid until the next Annual General Meeting (AGM) and incurs a small membership fee for **waged (\$5)** and **unwaged (\$2)** persons which is to be submitted with this application.

Signed: _____ Date: ____/____/____

*If you can't pay in person please send your cheque to the address below or for direct debit call us for bank details.

OFFICE USE ONLY

Membership Fee Paid YES NO Amount \$_____

Receipt Number: _____ Signed: _____ Date: ____ / ____ / ____

Committee Approved YES NO

Chair Signature: _____ Date: ____ / ____ / ____

Membership Status: _____ Added to Members List: ____ / ____ / ____

Member letter sent YES NO Staff Signature: _____ Date: ____ / ____ / ____

LANGFORD ABORIGINAL ASSOCIATION INC (LAA)

Address: 15 Imber Place, Langford WA 6147

Phone: (08) 9451 1424 Fax: (08) 9451 1430 Email: admin@laalangford.com.au ABN: 43 117 457 998