



Application for Membership of an Incorporated Association

West Australian Modern Greek Language Teachers' Association Inc.

(WAMGLTA)

Your Details

Surname <i>(Please Print)</i>	_____	Given Names	_____	
Address	_____		Postcode	_____
Phone Number	_____	Mobile	_____	
Email	_____			
Date of Birth (Optional)	_____			
Primary Language	<input type="checkbox"/> English	<input type="checkbox"/> Greek	<input type="checkbox"/> Other: _____	

I (the above) apply to become a member of the West Australian Modern Greek Language Teachers' Association Inc. If my application is accepted, I agree to be bound by the Rules of the Association.

Signature: _____ **Date:** _____
(If you are emailing the form to angeliki_777@hotmail.com, type 'By email' in the signature field.)

Nominated by:

Name: _____
Signature: _____
Date: _____

Application Details

Membership Type	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Associate
Year	_____	

Payment Method

Cash <input type="checkbox"/>	Amount \$ 20 _____
Cheque <input type="checkbox"/>	Account Name: The West Australian Modern Greek Language Teachers' Association Inc. Bank: Commonwealth Bank BSB: 066 013 Account Number: 1033 7913
Electronic Transfer <input type="checkbox"/>	

Information for Applicants

- Your name and address, will be recorded in a Register of Members.
- Upon request, members are entitled to inspect or make a copy of the Register of Members (section 54 of the *Associations Incorporation Act*).
- You can access or correct personal information (your name and address) by contacting the Association on 0402 400 367 or angeliki_777@hotmail.com.
- The Rules (Constitution) of the Association are available from angeliki_777@hotmail.com.
- The Membership fee is \$20 per annum.

OFFICE USE

Date Received	_____	Receipt Number	_____	Tabled	_____
Date Register Updated	_____	Updated by	_____		