

Your Details				
Surname (Please Print)		Given Names		
Address				Postcode
Phone Number	Mobile			
Email				
Date of Birth (Optional)		_		
Primary Language	English	□ Greek	□ 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 wamglta.inc@gmail.com, type 'By email' in the signature field.)				
Nominate	d by:				
Name:					
Signature:					
Date:					

Application Details					
Membership Type	Ordinary	□ Associate			
Year					

Payment Method	
Cash	Amount <u>\$ 20</u>
Cheque	Account Name: The West Australian Modern Greek Language Teachers' Association Inc. Bank: Commonwealth Bank BSB: 066 013
Electronic Transfer	Account Number: 1033 7913

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 at wamglta.inc@gmail.com .
- The Rules (Constitution) of the Association can be requested via <u>wamglta.inc@gmail.com</u>.
- The Membership fee is \$20 per annum.

OFFICE USE					
Date Received		Receipt Number		Tabled	
Date Register Updated		Updated by			