



Application for Membership of an Incorporated Association

West Australian Modern Greek Language Teachers' Association Inc.

(WAMGLTA)

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.)

Nominated by:

Name: _____

Signature: _____

Date: _____

Application Details

Membership Type Ordinary Associate

Year _____

Payment Method

Cash <input type="checkbox"/>	Amount \$ 20 _____ Account Name: The West Australian Modern Greek Language Teachers' Association Inc. Bank: Commonwealth Bank BSB: 066 013 Account Number: 1033 7913
Cheque <input type="checkbox"/>	
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 at wamglta.inc@gmail.com.
- The Rules (Constitution) of the Association can be requested via wamglta.inc@gmail.com.
- The Membership fee is \$20 per annum.

OFFICE USE

Date Received		Receipt Number		Tabled	
Date Register Updated		Updated by			