

APPLICATION FOR MEMBERSHIP

Farmsafe WA Alliance Inc
 PO Box 118, Forrestfield 6058
 T: 08 9359 4118 F: 08 9359 3468
 www.farmsafewa.org
 farmsafe@wn.com.au



Membership Type	New	<input type="checkbox"/>	Individual	<input type="checkbox"/>	\$45.00
	Renewal	<input type="checkbox"/>	Family	<input type="checkbox"/>	\$45.00
	Reciprocal	<input type="checkbox"/>	Business	<input type="checkbox"/>	\$140.00

Member Details

Title _____

First Name _____

Surname _____

Business Name _____

Postal Address _____

Email _____

Phone _____ Fax _____

Payment Method

Cheque

Direct Debit Farmsafe WA Alliance Inc BSB 086699 Acc 596032205
 (Please enter your surname as the reference)

Credit Card Type: Visa MasterCard Other
 Card #: ____/____/____/____ Exp ____
 Name: _____

Reciprocal membership and fee negation with not-for-profit agencies will also be considered

How else can you help? Do you have specific areas of interest, concern or expertise to contribute?

<input type="checkbox"/> Volunteering	<input type="checkbox"/> Committee	<input type="checkbox"/> Promotion
<input type="checkbox"/> Local advocate	<input type="checkbox"/> Child Safety	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> OHS Farm Safety	<input type="checkbox"/> Website	<input type="checkbox"/> Sponsorship
<input type="checkbox"/> 4 x 4 Motorbike Safety	<input type="checkbox"/> Noise Injury Prevention	<input type="checkbox"/> Farm Workshop Safety
<input type="checkbox"/> Other (please specify) _____		

Thank you! The income we receive through our members' annual subscriptions is vitally important to us. Your contributions will help us to effectively continue our work. We are always keen to recruit more members and this is the easiest way for you to make a real difference to the work we do.

Please fax or mail your completed application form to the Farmsafe WA Alliance offices.

Office Use Only	
Application Received:	Board Approval: