

## The Animal Protection Society of WA Inc Membership Form



Membership is for the period 1<sup>st</sup> July to the 30<sup>th</sup> of June or part thereof.

Membership will expire on non-receipt of renewal fees by 31<sup>st</sup> July each year.

One member per application, membership form must be completed each year and posted or emailed.

You must be over 18 years of age to become a member.

New members are subject to formal acceptance by APS Management Committee.

On acceptance, an email confirming your membership will be sent.

<b>Are you over the age of eighteen (18) years</b>	<b>Yes</b>	<b>No</b>	<b>Date of Birth</b>
<b>Title = Dr / Mr / Mrs etc</b>	<b>Given Name/s</b>		<b>Surname</b>
<b>Email Address:</b>			<b>Phone Number:</b>
<b>Residential Address:</b>			
<b>Postal Address:</b>			
<b>Date:</b>	<b>Signature:</b>		

### Membership Fee

Tick	Membership (One Year)	\$ Amount	What does your membership cover
<input type="checkbox"/>	Member	\$30.00	Covers the cost for a cat or dog to be microchipped.

	Concession Card <small>(Proof of concession must be provided)</small>	\$15.00	Covers the cost to feed a kitten or puppy for two weeks.
--	--	---------	--

\$	<b>Donation</b> (Donations over \$2.00 are tax deductible)
----	--

\$	<b>Total payable on lodgement of this form</b>
----	--

### Payment Options

Paid by Bank Transfer on    /    / <b>Bank West - BSB 306 063</b> <b>Account: 4150374</b> <b>Reference: Name/Membership</b>	<b>Email Membership form to</b> <b>memberships@apswa.asn.au</b>
Paid by EFTPOS <b>Yes</b> <b>No</b>	<b>Receipt No: _____</b>  Place membership form in Membership Locker. Place Receipt and EFTPOS docket into Treasurer locker. <b>OR</b> Place Receipt and CASH into SAFE.
Paid by Cash <b>Yes</b> <b>No</b>	

Office Use Only:    Date:	Membership No:
---------------------------	----------------