**Membership Application Form**

You are encouraged to attend our meetings and participate in our programs. Donations are gratefully accepted. Volunteers welcome. Be a part of our community.

|  |  |  |
| --- | --- | --- |
| Full Name |  | |
| Gender | Male / Female | |
| Date of Birth |  | |
| Residential Address |  | |
| Phone | Mobile: | Home: |
| Email |  | |

Membership Application Membership Renewal Single ($12) Family ($20)

Family Registrations include children under 16 years old. If Family, Please specify other Members:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **I/We agree to support the Karen Welfare Association and uphold its rules.** | |
| Signed: |  |
| Date: |  |

|  |  |  |
| --- | --- | --- |
| **Office Use Only** | | |
| Payment Type: | Cash / Bank Transfer | **Banking Details** |
| Paid Amount: | $ | Acc Name: Karen Welfare Association of WA |
| Date Received: |  | BSB: 036 059 |
| Officer: |  | Acc Number: 148776 |