**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:

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

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| **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 |