

NEW MEMBERSHIP APPLICATION FORM

litte (Please circle)	MIT MITS	MS MISS	DΓ
Surname Given			
Names Maiden			
Name Number &			
Street Suburb			_
State Country			
Post/Zip code			
Phone: Home			
Mobile			
Work			
Email address			
Enrolled at Kent St	between	ar	nd
Occupation			
Are you prepared to assist with Society management?		Yes (Please circl	No e)
	MEMBERS	HIP FEES:	
5 Year Membership:		\$35 single \$50 couple	
Life M	embership:	\$100 per person	
Please enclose your Membership Fe	e with		
your Application and return it to:	ee with		by electronic transfer to
your Application and return it to: Kentian Society (Inc) 89 Kent Street East Victoria Park WA 6101 If using direct debit, email the fo society@kentians.org.au		the following acco	wint: Kentian Society (Inc) ctoria Park, WA 3
Kentian Society (Inc) 89 Kent Street East Victoria Park WA 6101 If using direct debit, email the fo society@kentians.org.au		the following according to the following accordi	wint: Kentian Society (Inc) ctoria Park, WA 31 Surname
Kentian Society (Inc) 89 Kent Street East Victoria Park WA 6101 If using direct debit, email the fo		Name of Account: Bank: CBA, Vi BSB #: 066128 ACN: 100084	Kentian Society (Inc) ctoria Park, WA 31 Surname

Privacy statement: Information collected, on this form, will only be used by the Kentian Society and will not be passed on to any other organisation.