



MEMBERSHIP FORM

Membership # _____

Personal Details

Name: _____ DOB: ____ / ____ / ____

Mailing Address: _____

Suburb: _____ P/Code: _____

Phone: _____ Mobile: _____

Email: _____

Optional: (i) DEC Licence(s) held: _____

(ii) Area/s of Interest: _____

Membership Fees

1 year = \$30 3 Years = \$80 ½ year (Jun – Oct) = \$15 (new members only)

The WAHS year ends on **31st October**. All renewals therefore fall due on **1st November**.

Payment

Amount Paid: \$_____ for Renewal New membership

Paid by: Cash EFT Cheque Money Order

We thank you for any donation included in this payment. (\$_____)

Signature: _____ **Date:** _____

Cheques or money orders are to be payable to 'West Australian Herpetological Society'.

EFT information: Account Name: **WAHS**
BSB Number: **06-6007**
Account Number: **10160657**
Bank: **CBA**

Please write your **name** and 'NEW' or 'RENEWAL' in the comments/reference section.

Either post or email this completed form to the WAHS Membership Officer or deliver it in person at a WAHS meeting.

West Australian Herpetological Society Inc

PO Box 176

WOODVALE WA 6026

Website: www.wahs.org.au

Email: membership@wahs.org.au