



THE ROYAL COMMONWEALTH SOCIETY

Western Australia Branch Inc

ABN 54 606 559 652

APPLICATION FOR MEMBERSHIP

Title: Mr. Mrs. Ms. Miss Given Name: _____ Surname: _____

Decorations/Degree: _____ Place of Birth: _____ Profession/Occupation: _____

Title: Mr. Mrs. Ms. Miss Given Name: _____ Surname: _____

Decorations/Degree: _____ Place of Birth: _____ Profession/Occupation: _____

Private Address: _____

Postal Address: _____

Telephone: _____ Fax: _____

Mobile: _____ Email: _____

Type of Membership: (please tick which is applicable) Metropolitan Country

A) Individual B) Husband & Wife C) Partner D) Fellow E) Young Fellow F) Corporate

I apply for membership of The RCSWA, and if elected I will support the objects of The Society and observe its rules.

Signature of Applicant: _____ Date: _____

For Young Fellows Only: (Date of Birth) _____ (Under 25 Years)

Proposer's Printed Name: _____ Signature: _____

How long have you known the applicant: _____

Seconders Printed Name: _____ Signature: _____

In the event of the applicant not knowing a member to act as sponsor The RCSWA will require the names and addresses of two referees in support of the application.

Referee (name) _____ Signature: _____

Address: _____

_____ Telephone: _____

Referee (name) _____ Signature: _____

Address: _____

_____ Telephone: _____

FEES APPLICABLE:

Membership	Entrance Fee	Subscription Country	Subscription Metropolitan
Individual	\$11.00	\$38.50	\$55.00
Husband/Wife/Partner	\$22.00	\$60.50	\$93.50
Young Fellows (U25)	NIL	\$16.50	\$22.00
Corporate	\$22.00	N/A	\$110.00

ALL FEES QUOTED ARE INCLUSIVE OF GST

Cheque/Money Order to cover Entrance Fee and Subscription must accompany application, or may also be paid directly into our Bankwest Account (details as below)

Name: Royal Commonwealth Society Western Australian Branch Inc.

BSB: 306-044 Account No: 527294-7 (Please remember to put your name in the 'Reference Line')

