



## MEMBERSHIP APPLICATION/RENEWAL FORM 2009/2010

**MEMBERSHIP IS DUE FOR RENEWAL JULY 1<sup>ST</sup>**

NEW MEMBER  RENEWAL

Surname.....

Given Name.....

Address.....

.....

State..... Post Code.....

Contact number (Work, Mobile or Home)  
.....

E-Mail.....

Workplace.....

### Membership Type

FULL \$60.00  ASSOC. \$60.00  CORP. \$100.00

**Would you like to be a part of the TWCA members only information exchange?**

**Yes**  **No**

**If yes, please ensure an active e-mail address is given.**

I will be paying by  **Electronic Funds Transfer**  
**BSB 807 009 Acct No 1211 8692**  
**Reference Your name**

**Cheque or postal note to**  
**TWCA GPO Box 1759 Hobart 7001**  
Cheques payable to TWCA please

**PLEASE FAX YOUR COMPLETED FORM TO 6222 7268 OR POST TO THE ADDRESS ABOVE**