

Membership Form

THANK YOU for your interest and involvement with AWL NSW to support animal welfare

NOTES: i) Membership subscriptions are GST free.
 ii) New membership applications require final approval by the Animal Welfare League NSW Board.
 iii) Memberships are renewable on 30 June each year.
 iv) Members joining from 1 April will remain financial until 30 June the following year.
 v) Membership applications and renewals are valid only when current member details are entered on the official Member Register held and maintained at the Head Office of Animal Welfare League NSW.

	_	Pl	ease complet	e all sections.			
MEMBERSHIP (tick one	e) 🗆	Membershi	p RENEWAL	. 🛛 Ne	w Memb	oer APPLICATION	
Title: First N	ame:		S	urname:			
Address:							
Suburb:				S	State:	Post Code:	
Phone (h):		Phone (w):		Mob	ile:	
Email:							
Member renewal - have y	you changed	our name or o	address? If ye	es, please give	e details oj	f previous name or c	address:
If I am accepted as a n	nember, I he	ereby agree t	o abide by	the Constitu	tion of A	nimal Welfare Lea	ague NSW.
Signature:				Date:			
Please tick if you w For a full list of branches visit w Branch Name:	ww.awlnsw.con	<u>1.au</u> or call 02 889	9 3333			f Animal Welfare	League NSW
	 ↓ \$ 40 ↓ \$ 20 ↓ \$ 20 ↓ \$ 60 new concessional 	00 per year 00 per year 00 per year 0.00 payable o	once only y of your pensio our data and see	<i>I woul</i> (Donations ov TOT n/concession car curity carefully. To	Me d like to n ver \$2.00 AL amour d must be si	embership amount: make a donation of: are tax deductible) ht to be submitted : upplied with this applicat rivacy policy please visit	\$ \$ ion form.
WW.awii Image: Straight of the straight of th				<u>w.com.au</u> 333	Please post, email or fax your form to:Animal Welfare League NSWPO Box 308, Kemps Creek NSW 2178Email:members@awlnsw.com.auPhone:02 8899 3333		
KFundraising to deta	ach when credit	payment is rece	ived				
Please make Debit the sum of \$ Card number: Card Holder's Name:_	to	my 🗖 Visa	Master	Card An	nex Exp	following credit card c biry Date: /	CVV:
For Office Use	e only:	Branch:			Rece	ript Date: /	