



MEMBERSHIP FORM

Use this form for all membership changes: new/transferring/rejoining/resigning
 ✓ Mail to Sandra Young, 33 Bridges Drive, Southend SA 5280 or
 ✓ Scan and email to Sandra at: wabinsa@gmail.com

Ver 2018/03

Date :

Circle what applies:

NEW

TRANSFERRING

REJOINING

RESIGNING

Surname:

Other names:

Preferred name for badge

Residential Address

Postal address (if different from above)

Email address

Phone number

Mobile number

Date of birth

/ /

Date Joined WAB

/ /

WAB BRANCH:

We'd love you to join WAB On-Line Branch at no extra cost
(circle) YES / NO

Reason for joining WAB

If transferring or rejoining, provide name of previous Branch

If rejoining, provide approx date of leaving previous branch

Please tick boxes as required.....

Payments to WAB:	<input type="checkbox"/>	MEMBERSHIP FEE	<input type="checkbox"/>	BADGE
	<input type="checkbox"/>	\$40 pa (July to June)	<input type="checkbox"/>	Magnet: \$15.50 posted
	<input type="checkbox"/>	\$20 half year	<input type="checkbox"/>	Pin: \$14.50 posted
	<input type="checkbox"/>	\$30 pa for over 80yrs	<input type="checkbox"/>	Deduct \$5 if you collect the badge in Adelaide
	<input type="checkbox"/>	\$15 Associate member		
please complete PAYMENT ENCLOSED	<input type="checkbox"/>	\$	Membership fee	
	<input type="checkbox"/>	\$	Badge	
	<input type="checkbox"/>	\$	Total enclosed	
Cheques payable to: Women in Agriculture and Business of SA Inc ➤ Mail this form to Sandra Young, 33 Bridges Drive, Southend SA 5280 with cheque			Electronic transfers: Women in Agriculture and Business of SA Inc BSB: 105-159 Account: 000052040 Reference: Surname & Branch	
Office use only: Dated ____/____/ 20__				

✂ Secretaries: please cut here and give bottom section to member ✂

WAB website: www.wabsa.com.au

Facebook page: <https://www.facebook.com/WABSAInc> (please "Like" and "Follow" our page)



Women in Agriculture and Business of SA Inc (WAB)

Consent form

Name of Member

Member's Branch

I consent to my photograph being used for WAB promotional, and community information purposes in print and digital media using my name. Yes / No

Without using my name Yes / No

Signature Date.....

If consent has been given orally (eg at a Branch meeting or over the phone) the Secretary or President will fill in and sign this form.

The completed form will be held in Branch files and a copy forwarded to the WAB State Secretary.

Membership contact details may be shared in the WAB State Directory (Office Holders only) and may be shared amongst branch members and in individual branch records at the discretion of each branch.

Inform your branch secretary if you DO NOT want your contact details listed in Branch membership lists.

Please note that WAB policy is NOT to share contact details with any person who is not a member of WAB without first gaining your consent.

NOTE: This form remains valid during a full term of membership, unless altered formally by the individual either in writing to the WAB State secretary or to the individual member's Branch secretary who will forward it to the State secretary.

January 2019