



MEMBERSHIP FORM

Use this form for all membership changes: new/transfer/change of details/renew
 ✓ Mail to WAB Treasurer, 33 Bridges Drive, Southend SA 5280 or
 ✓ Scan and email to: wabinsa@gmail.com

Ver 2019/04
 Oct 2019

Date				
Cross out what does not apply	NEW	TRANSFER	CHANGE OF DETAILS	RENEW
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, provide name of previous Branch				

Please tick boxes below as required.....

Payments to WAB:	<input type="checkbox"/>	MEMBERSHIP FEE	<input type="checkbox"/>	BADGE
	<input type="checkbox"/>	\$45 pa (July to June)	<input type="checkbox"/>	Magnet: \$15.50 posted
	<input type="checkbox"/>	\$22.50 half year	<input type="checkbox"/>	Pin: \$14.50 posted
	<input type="checkbox"/>	\$35 pa for over 80yrs	<input type="checkbox"/>	Deduct \$5 if you collect the badge in Adelaide
<input type="checkbox"/>	\$15 Associate member			
<i>please complete</i>	\$	Membership fee		
PAYMENT ENCLOSED	\$	Badge		
	\$	Total enclosed		
<u>Cheques payable to:</u> Women in Agriculture and Business of SA Inc ➤ Mail this form, with cheque, to WAB Treasurer, 33 Bridges Drive, Southend SA 5280			<u>Electronic transfers:</u> 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	
Member's Branch	

We like to put photos on the WAB website, WAB Facebook page and local newspapers of WAB events. WAB has a Privacy Policy covering personal information which is available on the WAB Website for your perusal.

I consent to my photograph being used for WAB promotional and community information purposes in print and digital media: (please circle)

Using my name YES / NO

Without using my name YES / NO

Signature:	Date:
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- If consent has been given orally (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.

Oct 2019