



MEMBERSHIP FORM

ONLINE BRANCH ONLY

Use this form for all membership changes: new/transfer/change of details/resign

- ✓ Online members: complete this form electronically and email/mail this form to:
 1. WAB State President, PO Box 2615 Port Lincoln 5606 wabstatepres@gmail.com
 2. WAB Treasurer, PO Box 348, Coonalpyn SA 5265 wabtreasurer20@gmail.com
- ✓ Pay fees by electronic transfer (see below). Cheques from Online Members to be mailed to WAB Treasurer.

Ver
2024_01

Date:	WAB BRANCH: ONLINE
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Tick the box	<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> CHANGE OF DETAILS	<input type="checkbox"/> RESIGN
Surname			First names:	
Preferred name for badge			DOB:	
Residential Address				
Postal address (if different from above)				
Email			Mobile number	
Previous Branch name (if transferring):			Home number	

Payments to WAB: <i>Please tick relevant boxes</i>	MEMBERSHIP FEE <input type="checkbox"/> \$45 pa (July to June) <input type="checkbox"/> \$22.50 half year <input type="checkbox"/> \$35 pa for over 80yrs <input type="checkbox"/> \$15 Associate member	BADGE <input type="checkbox"/> Magnet: \$19.00 posted <input type="checkbox"/> Pin: \$17.50 posted	
insert amounts	Membership fee \$ _____	Badge \$ _____	Total enclosed \$ _____

A copy of this signed form must be mailed/emailed to: 1. WAB State President PO Box 2615 Port Lincoln 5606 wabstatepres@gmail.com 2. WAB Treasurer, PO Box 348 Coonalpyn SA 5265 wabtreasurer20@gmail.com	Online members send fees to: Electronic transfers to WAB: Women in Agriculture and Business of SA Inc BSB: 105-159 Account: 000052040 Reference: Surname & Branch	Cheques payable to: Women in Agriculture and Business of SA Inc Mail a copy of this form, with cheque to: WAB Treasurer, PO Box 348 Coonalpyn SA 5265
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State Admin Office use only:	Entered into Membership List Dated ____/____/20__	Treasurer's Office use only: Dated ____/____/20__
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✂..... please cut here and keep bottom section for your records✂

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:* Choose an item.
- *Using my name*

Signature:

Date:

(insert electronic signature if desired or print, sign, scan and email)

- 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.