

MEMBERSHIP APPLICATION FORM

New Member Renew Membership

Member Details

Surname: _____ First Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

D.O.B: ____/____/____ (for Paw Print & Junior Members)

Telephone: _____ Mobile: _____

Email: _____

Seniors Card No: _____ Member ID Number: _____

(for existing members)

Please enrol me as:

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Paw Print Membership 1 Year (under 14 Years) | \$20.00 |
| <input type="checkbox"/> | Junior Membership 1 Year (14 years to 18 years) | \$20.00 |
| <input type="checkbox"/> | Adult Membership 1 Year | \$35.00 |
| <input type="checkbox"/> | Adult Membership 3 Years | \$85.00 |
| <input type="checkbox"/> | Senior Membership 1 Year | \$20.00 |
| <input type="checkbox"/> | Senior Membership 3 Years | \$50.00 |
| <input type="checkbox"/> | Life Membership (up to age 54) | \$700.00 |
| <input type="checkbox"/> | Life Membership (age 55 to 64) | \$350.00 |
| <input type="checkbox"/> | Life Membership (age 65 & over) | \$210.00 |
| <input type="checkbox"/> | Family Membership 1 Year | \$50.00 |
| <input type="checkbox"/> | Family Membership 3 Years | \$120.00 |
| <input type="checkbox"/> | Corporate Membership 1 Year | \$350.00 |
| <input type="checkbox"/> | Corporate Membership 3 Years | \$840.00 |

Please add my tax deductible donation of: \$ _____

Total Amount: \$ _____

I agree with the objects of the Society and understand that as a member I am bound to support these objects. Yes / No

I have not been convicted of an offence related to the welfare of an animal in the past 10 years. Yes / No

For Corporate Membership; does your business activity involve animals? Yes / No

My parent / guardian has authorised my application to join the RSPCA as a Junior / Paw Print Member. Yes / No

Signature: _____

(your application can only be processed if signed and the above questions are answered)

Please accept my membership payment by:

- | | | |
|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Amex |

Cardholder Name: _____

Credit Card Number: _____

Expiry Date: _____ Amount: \$ _____

Signature: _____

Once you have completed this form, please return by mail to:

Membership
RSPCA WA (Inc)
PO Box 3147
Malaga WA 6945

Or

Fax: (08) 9248 3144