

President: Mrs Diane Carr **Secretary:** Mrs Maria Barclay **Treasurer:** Mrs Jan Milham **141 Fullarton Road ROSE PARK SA 5067** Tel: 8431 1422 Email: admin@warwidowssa.org.au

ASSOCIATE	MEMBERSHIP	APPLICATION
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I WISH TO JOIN THE AUSTRA	LIAN WAR WIDOWS (SA) INC., AS A	N ASSOCIATE	MEMBER	
Name:					
Date of birth:	Home phone:		Mobile:		
Street address:	·				
Suburb:	State:		Post Code:		
Email address:					
Membership Cost: Applicati between 1 October and 31 De April and 30 June \$6.25. Sub	ecember \$18.75, 1 Jan	uary and 31 M	arch \$12.50 an		
TO PAY SUBSCRIPTION BY	INTERNET FUNDS 1	RANSFER			
Bank SA BSB 105 047 Account: 195 084 440					
Details: As a reference for	your transaction, pl	ease use you	r name.		
TO PAY SUBSCRIPTION BY	CREDIT CARD:				
CARD NO:			(number on	back of card)	
I wish to join the War Wido	ows SA because:				
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PLEASE POST OR EMAIL THIS FO	DRM				
Post to: The secretary, Au 141 Fullarton Road, Rose P		(SA) Inc,			
	vidowssa.org.au				
Please don't hesitate to phouse unattended at that time. V			message if o	ur office is	
Signature of applicant:			D	ate:	
Signature of Full Member:			D	ate:	