

AUSTRALIAN WAR WIDOWS (SA) INC.

President: Secretary: Treasurer: Mrs Jan Milham Mrs Jan Grosvenor Mrs Deborah Lennard

141 Fullarton Road ROSE PARK SA 5067 Tel: 8431 1422 Email:admin@warwidowssa.org.au

ASSOCIA	TE MEMBERSHIP APPLIC	CATION
I WISH TO JOIN THE AUSTRALIA	N WAR WIDOWS (SA) INC., AS A	N ASSOCIATE MEMBER
Name:		
Date of birth:	lome phone:	Mobile:
Street address:		
Suburb:	State:	Post Code:
Email address:		
Membership Cost: Applications between 1 October and 31 Decem April and 30 June \$6.25. Subseq	iber \$16.75, 1 January and 31 Ma	rch \$12.50 and between 1
TO PAY SUBSCRIPTION BY IN	TERNET FUNDS TRANSFER	
Bank SA BSB 105 047 Account: 195 084 440		
Details: As a reference for you	ur transaction, please use your	name.
TO PAY SUBSCRIPTION BY CREDIT CARD:		
CARD NO: Expiry:/		– (number on back of card)
I wish to join the War Widows	SA because:	
PLEASE POST OR EMAIL THIS FORM		
Post to: The secretary, Austra 141 Fullarton Road, Rose Park		
Or email to: admin@warwido	wssa.org.au	
Please don't hesitate to phone unattended at that time. We v		message if our office is
Signature of applicant:		Date:
Signature of Full Member:		Date: