



Membership Application Form

	1 Year	2 Years	3 Years
Individual Membership	<input type="checkbox"/> \$75	<input type="checkbox"/> \$135	<input type="checkbox"/> \$190
Concession Membership*	<input type="checkbox"/> \$60	<input type="checkbox"/> \$105	<input type="checkbox"/> \$153
Student Membership	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45	<input type="checkbox"/> \$65
Duo Membership**	<input type="checkbox"/> \$120	<input type="checkbox"/> \$215	<input type="checkbox"/> \$305

*Holders of a valid Centrelink, Healthcare, Pension or Veteran Affairs Card

**Two adults living at the same address

New Member's Details

Name: _____

Address: _____

Suburb: _____ State: _____

Post Code: _____ Phone: _____

Email: _____

Duo Member's Details (if applicable)

Name: _____

Email: _____ Phone: _____

Payment Details

Please debit my credit card for \$ _____

Payment Method: Cash Cheque* Credit Card

VISA MASTERCARD

Card Number: ____ / ____ / ____ / ____ Expiry: __ / __

Cardholder Name: _____ Signature: _____

*Cheques should be made payable to AGWA Members