membershipform application/renewal

membership period starts 01 July annually

Please accept my application for new membership / renewal to SEA NSW ACT incorporated Annual membership 315 Comments / suggestions or ideas: President I enclose payment of \$ _____ and/or donation \$ _____ Donations of \$2 and over are tax deductable

Tick if receipt is required 1. Please make cheques payable to: SEA of NSW ACT incorporated 2. Pay by Direct Debit: **BSB No. 062 223 Account No. 00803037** established 1980 • Please write your Name when transferring payment online · Don't forget to notify us of any change of contact details Return payment with completed form to: SEA of NSW ACT Inc. PO Box 3157 St. Pauls NSW 2031 My Personal Details are for the offical use of SEA only and will remain confidential Age Group 18 years and over Date of Birth Mr/Mrs/Ms/Dr/Prof Tel:_____(work) Postal Address: Occupation: ___ (I agree to abide by the constitution of The Speak Easy Association of NSW ACT Incorporated)

Signature: Date:



Speak Easy **Association**

of NSW ACT Incorporated

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The Speak Easy Association is a not for profit organisation