

membership form application/renewal

membership period starts 01 July annually

Please accept my application for new membership / renewal to SEA NSW ACT incorporated

Annual membership \$15

Comments / suggestions or ideas: _____

I enclose payment of \$ _____ and/or donation \$ _____

Donations of \$2 and over are tax deductible 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**

• 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 2 Bondi Junction NSW 1355

My Personal Details are for the official use of SEA only and will remain confidential

Age Group 18 years and over Date of Birth _____

Mr/Mrs/Ms/Dr/Prof

Name: _____ Surname _____

Tel: _____ (home) Tel: _____ (work)

Mobile: _____

Postal Address: _____

Email: _____

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

ABN 82 751 815 528
PO Box 2
Bondi Junction NSW 1355

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Speak Easy Association
is a not for profit organisation
established 1980



membership
form