## Individual Membership Form

**ANNUAL INDIVIDUAL MEMBERSHIP VALID FROM DATE OF PAYMENT TO 30 JUNE**

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| Contact Details  |
| Full Name: |       |       |       | Date: |       |
|  First | Last | Title |
| Postal Address: |       |  |
|  Street Address |  |
|  |       |       |       |
|  City  | State | Postcode |
| Phone: |       | Email Address: |       |
| Alt Phone: |       | Alt Email Address: |       |
| University/Organisation: |       | Position: |       |
|  |
| Membership Details |
| I am a… [ ]  Current Member [ ]  New Member Individual Membership Type (tick appropriate box):[ ]  Educator $98.00 [ ]  Practitioner 98.00 [ ]  Student $35.00 [ ]  Other $98.00[ ] I have read and understood membership eligibility and requirements as outlined in the ANZSWWER Constitution (available via our website at <http://www.anzswwer.org/about/constitution>)Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Payment Details |
| [ ]  Visa^ [ ]  MasterCard^ ^ Please note that credit card payments will attract an additional 5% processing fee. |
| **C**ardholders Name: |       |
|  |  |  |  |
| Card Number:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| Expiry Date:  |  |  |  |  |  |  |  |  |  |  |  CSV: |  |  |  |  |  |  |  |
|  |
| [ ]  EFT N**ame your EFT transaction with Surname + Initial then Membership (e.g. Smith A Membership)**EFT Details: Australian Association for Social Work and Welfare Education  |
| BSB: 012-030 Acct no. 4028-16475 Branch Name: ANZ Bank, Broadway (Sydney)Please send completed form along with date of payment to admin@anzswwer.org

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| Admins How to register your Membership? |

Please address any queries and completed forms to admin@anzswwer.org |