## Individual Membership Form

**ANNUAL INDIVIDUAL MEMBERSHIP VALID FROM DATE OF PAYMENT TO 30 JUNE 2017**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Contact Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | Date: | | | | | |  | | | | | |
| First | | | | | | | | | | | | | | | | | | | | | | | | | | | Last | | | | | | | | | | | | | | Title | | | | | | | | | | | | | | | | | | | | |
| Postal Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | | | | | | Postcode | | | | | | | |
| Phone: | | |  | | | | | | | | | | | | | | | | | | | Email Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alt Phone: | | |  | | | | | | | | | | | | | | | | | | | Alt Email Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| University/Organisation: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Position: | | | | | | | |  | | | | | | | | | | | | | | | |
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| 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: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Card Number: | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  |  | |  |  | |  |  | |  |  | |  | | |  | | |  | | |  | |  | |  |  |  |  |  |  |  |
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| Expiry Date: |  |  | | |  | |  | | |  | |  | |  | |  | |  | |  | | | CSV: | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | |  | |  |  | | | | | | |
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| 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](mailto:admin@anzswwer.org?subject=Membership)   |  | | --- | | Admins How to register your Membership? |   Please address any queries and completed forms to [admin@anzswwer.org](mailto:admin@anzswwer.org?subject=Membership) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |