

HMAS PERTH (I) MEMORIAL FOUNDATION INCORPORATED

MEMBERSHIP / DONATION APPLICATION (cross out which is not applicable)

Name	First	Surname		
Address				
Suburb		S	tate	P/C
				0
Email		P	Phone L	
Reply to:	secretary@hmasperth1mo	emorial.com.au (Preferred)		
	Hon Secretary	The second second	Memb	ership Fee
	HMAS Perth (I) Memorial PO Box 735 Fremantle Western Australia 6959	Foundation Incorporated	\$3	35.00
Banking Details: Bank West BSB: 302-162 A/C: 1499868				
Where possible please email applications / donations with a bank receipt				
Subscriptions are due on the 1 st . July in each year and your membership will be current to 30 th . June immediately following the date you join the Foundation., except that if your first subscription is received during the period 1 st . April to 30 th . June in any year, your initial membership will be extended to 30 th . June in the following year.				
DONATION (Please complete this section if donating)				
I wish to donate the following amount to THE HMAS PERTH (I) Memorial Building Fund				
My details have been included in the above portion of the form DONATION				
			DONA	

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