

## Head Office

Suite 46/5  
Aberdeen Street  
East Perth WA 6004

PO Box 8558  
Perth BC WA 6849

Tel : (08) 9441 2677  
TTY : (08) 9441 2655  
Fax : (08) 9441 2616

wadeaf@wadeaf.org.au  
ABN 18 317 780 170



## Membership\* Form 2017 / 2018

Yes! I would like to:

- Renew my membership.  
 Become a Member of the WA Deaf Society.

Mr. / Mrs. / Ms. / Miss / Dr.

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  Voice  SMS

TTY: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(Deaf Magazine, Events, other information)

Date of Birth / Birthday: \_\_\_\_\_

Reason for interest in membership?

- I am:  Deaf  Deaf Family Member  
 Hard of Hearing  Professional Interest  
 DeafBlind  Donor  
 Other \_\_\_\_\_

Preferred method of contact:

- Email  SMS  Phone  Mail  Fax

Would you like to be sent information via email about upcoming events supported by the WA Deaf Society?  Yes  No

There will be no membership charge for 2017/18. Please turn over for details for donation to WA Deaf Society including online at [www.wadeaf.org.au/donatenow](http://www.wadeaf.org.au/donatenow)

I agree to be bound by the constitution of The Western Australian Deaf Society Inc. if I am accepted as a member.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

For further enquires please contact Linda Cross: [LCross@wadeaf.org.au](mailto:LCross@wadeaf.org.au)

\*Membership of the Society runs during the financial year. This is between 1<sup>st</sup> July 30<sup>th</sup> June.

By becoming a member of the WA Deaf Society you will receive the following benefits:

1. A copy of the Deaf Magazine (when in production)
2. The right to vote & move motions at the Annual General Meeting or special general meetings
3. The right to nominate to be elected to the Board of Management
4. The right to vote for the people you want
5. Invitations to members only events

## Purpose

The Western Australian Deaf Society exists so that Deaf and hard of hearing people experience full citizenship and enjoyment of life





The Western Australian Deaf Society Inc

ABN:18 317 780 170

46/5 Aberdeen Street, East Perth WA 6004

PO Box 8558, Perth BC WA 6849

Fax: (08) 9441 2616

Tel (08)9441 2677

TTY (08) 9441 2655

[www.wadeaf.org.au](http://www.wadeaf.org.au)

[wadeaf@wadeaf.org.au](mailto:wadeaf@wadeaf.org.au)

## DONATION

**Yes**, I would like to Donate \$ \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

**I have enclosed:**     Cash     Money Order     Cheque (crossed "not negotiable")  
made payable to **WA Deaf Society Inc.**

**OR Donated Online:** at [www.wadeaf.org.au/donatenow](http://www.wadeaf.org.au/donatenow)

**OR please debit my credit card:**     Visa     MasterCard

Card No:        /     /     /

Expiry Date:   /      CVV: \_\_\_\_\_ (found at back of card)

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR please debit my bank account :**    :

Account No \_\_\_\_\_    BSB:    \_\_\_\_\_ -- \_\_\_\_\_

Bank: \_\_\_\_\_    Branch: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Yes**, I would like to join the SignOn Direct Debit program and donate \$ \_\_\_\_\_

Every:  Week     Fortnight  Month     3 Months     6 Months     12 Months

Please fill Bank or Credit card details above (Confirmation Agreement letter will be post).

This donation was made as a gift. Donations of \$2 or more are tax deductible

Form can be posted, brought to the office, emailed to [LCross@wadeaf.org.au](mailto:LCross@wadeaf.org.au), or faxed to (08) 9441 2616