By completing this form, you agree to abide by the Constitution. As a member you will be supporting the very important work that we do for survivors of torture and trauma in Western Australia.

Membership is from 1 July to 30 June each year (except for Life Membership). Members are invited to renew their membership annually. Please return the completed form to executive@asetts.org.au .

# TYPE OF MEMBERSHIP

ASeTTS’ has four (4) categories of membership, including Ordinary, Associate, Life Membership.

# [ ]  ORDINARY MEMBERSHIP – $50 membership fee (Voting rights and discounted rates for ASeTTS training)

# [ ]  ASSOCIATE MEMBERSHIP – FRIEND OF ASeTTS - $0 membership fee (Non-voting rights and discounted rates for ASeTTS training)

# [ ]  LIFE MEMBERSHIP – No membership fee (donations are welcomed) (Voting rights and discounted rates for ASeTTS training)

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Postal Address: |  |
| Home Phone: |  |
| Mobile Phone: |  |
| Email: |  |
| Ethnic group: |  |
| Language(s) spoken: |  |

# [ ]  CORPORATE MEMBERSHIP – $150 membership fee (Voting rights and discounted rates for ASeTTS training)

|  |  |
| --- | --- |
| Organisation: |  |
| Name of contact person: |  |
| Position of contact person: |  |
| Telephone (Business): |  |
| Organisational email address: |  |
| Business postal address: |  |
| ABN: |  |
| **VOLUNTARY INFORMATION**Please help us know more about you/your organisation |
| 1. How did you/your organisation find out about ASeTTS?
2. Please specify if you/your organisation have any specialist knowledge/experience that may be able to assist ASeTTS.
 |
| **APPLICATION NOMINATION**Please ensure your application is nominated by a current member. |
| Nominated by (name of member):  |  |
| Nominator’s signature: |  |

|  |
| --- |
| **PAYMENT** |
| ASeTTS EFT Payment Details: BSB: 086 006 Account: 605790519[ ]  **PAID – please provide evidence of payment (Note 1)**  |

*Note 1: Confirmation of membership will not be provided until this form and payment (where relevant) has been deposited and processed.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  My signature above confirms that I/we agree with and support the objectives of ASeTTS, abide by the Constitution; and am over the age of 18 years.

 ***Date:*** Click here to enter text.