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.

The due date for payment is 31 July 2023.

*Please note: If the Member has not paid the annual membership fee within the 3-months after the due date, the member ceases to be a Member on the expiry of that period.*

Please return the completed form to [executive@asetts.org.au](mailto:executive@asetts.org.au) .

# TYPE OF MEMBERSHIP

ASeTTS’ has two (2) categories of membership, including Ordinary and Associate – Friends of ASeTTS

# ORDINARY MEMBERSHIP

# (Voting rights, invites to certain events, newsletter, annual report and other publications)

# $50 standard membership fee

# $10 membership fee for people on a low income

# ASSOCIATE MEMBERSHIP – FRIENDS OF ASeTTS - $0 membership fee (No voting right, invites to certain events, newsletter, annual report and other publications)

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

|  |
| --- |
| **VOLUNTARY INFORMATION** |
| 1. How did you find out about ASeTTS? 2. Please specify if you 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: |  |

*Please note: If you do not know a current member this doesn’t prevent your becoming a member – our Board can review and endorse membership applications.*

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

*Please note: To assist us in completing your application please include your full name and the details of your payment (e.g., ‘ASeTTS Membership – First name Surname’) in your electronic payment. If your payment is not received we will request a receipt to confirm that payment has been deposited and processed.*

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

|  |  |
| --- | --- |
| Date: |  |