

Associate Membership - Renewal

To be completed and returned to the Membership Department within 30 days of the member's current expiry date or a new application will be required



FAX: 08 6436 3399

Email: membership@waliberal.org.au

Post: PO Box 49 WEST PERTH WA 6872

Associate Membership Renewal form

Member's Name _____, Membership Number _____,

Associate Member of the _____ Branch.

Branch Associate Membership Renewal Advice

We confirm that the abovementioned member has renewed their Associate Membership.

An amount of \$_____ was received by the Branch and deposited into the Branch's bank account.

This Associate Membership will expire on ____/____/____ (Anniversary of acceptance x years paid. \$25 = 1 Year, \$50 = 2 Years, \$75 = 3 Years).

President: _____/____/____ **Secretary:** _____/____/____

University Club Branch Associate Membership Renewal Advice

We confirm that the abovementioned member has renewed their Associate Membership.

The Member is a Student at this Tertiary Institution. Student No: _____

An amount of \$_____ was received by the University Club Branch and deposited into the Branch's bank account.

This Associate Membership will expire on ____/____/____ (Anniversary x years paid \$10 = 1Year, \$20 = 2 Years, \$30 = 3 Years).

President: _____/____/____ **Secretary:** _____/____/____