



THE FRIENDS OF WESTERN HOSPITAL
ASSOCIATION INCORPORATED
APPLICATION FOR MEMBERSHIP

TITLE:

SURNAME: **GIVEN NAME:**

ADDRESS:

..... **POST CODE:**

PHONE: **MOBILE:**

FAX:

EMAIL:

The initial membership application for the association in the 2004-year is to 30th June 2005.

- Please accompany this application form with the joining fee of \$10.

Ongoing membership is for each financial year.

The association invites each person wishing to become a member to complete an application form and pay the set amount.

Renewal fees will be required in July 2005.

For all enquiries and membership the contact point is Jenny Read at Western Hospital:

- Western Hospital, 168 Cudmore Terrace, Henley Beach SA 5022.
- Phone: (08) 8356 1222.

Privacy: *(please tick your choice)*

I do

I do not

consent to my membership details being made available to other members of the Association upon request to The Secretary of the Association.
