



The Friends of Western Hospital
Association Inc
ABN 75 606 236 367

**THE FRIENDS OF WESTERN HOSPITAL
ASSOCIATION INCORPORATED**

APPLICATION FOR MEMBERSHIP / RENEWAL 2019 / 2020
(Please circle)

TITLE:DR.....MR.....MRS.....MISS.....MS.....
(Please circle)

FAMILY NAME: GIVEN NAME:.....

ADDRESS:

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

PHONE: MOBILE:

FAX: EMAIL:.....

Please accompany this Application Form with the Annual Fee of:
Ordinary Member \$15.00 per single / \$25.00 per family
Please circle

Discount is available for Staff Members or Centrelink Pensioner Card holders.
Staff Member \$10.00 per single / \$20.00 per family
Please circle

Centrelink Pensioner \$8.00 per single / \$15.00 per family
Please circle

Volunteers \$0.00, but no voting rights as non-financial members
Please circle

Membership is for each Financial Year. Renewal fees will be required effective from 1 July 2019.
The Association invites each person wishing to become a member to complete an Application Form and
pay the appropriate Annual Fee. For all enquiries, please contact Ben Fallah at Western Hospital:

- Western Hospital, 168 Cudmore Terrace, Henley Beach SA 5022.
- Phone: (08) 8159 1200.

Privacy: (please tick your choice)

I / we do

I / we do not

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