



# Membership Form / Tax Invoice Oral History Association of Australia WA Branch

Po Box 1065  
Nedlands, WA 6909  
ABN: 11814143273

Please use block letters and tick the appropriate boxes

### I wish to:

- join the OHAA WA branch
- renew my membership

### Select type of membership:

- |                                      |       |
|--------------------------------------|-------|
| <input type="checkbox"/> Concession  | \$25* |
| <input type="checkbox"/> Individual  | \$35  |
| <input type="checkbox"/> Household   | \$45  |
| <input type="checkbox"/> Institution | \$55  |

\*Students/Pensioners/Unemployed

Concession/Pension Card No.: .....

### Payment Methods

For payment made by **Cheque, Money Order or Cash** (if paying in person).  
Please mail payment and form to:  
Treasurer OHAA (WA), PO Box 1065, NEDLANDS, WA 6909

### Electronic Transfer

Pay by electronic transfer to:  
BankWest; Mt Lawley, BSB: 306-076; Account number: 418051-0  
Payment to: ' The Oral History Association of Australia (WA Branch) Inc.'

Please identify your electronic payment: .....  
Date sent: .....

After making electronic payment please post or email membership form to:  
jh846647@bigpond.net.au

Receipt required  Yes  No

### My contact details:

|              |       |
|--------------|-------|
| Surname:     | ..... |
| First name:  | ..... |
| Institution: | ..... |
| Address:     | ..... |
| Suburb:      | ..... |
| Postcode:    | ..... |

|                          |       |
|--------------------------|-------|
| Telephone:               | ..... |
| Fax:                     | ..... |
| Mobile:                  | ..... |
| Email:                   | ..... |
| Occupation/<br>Interest: | ..... |

Please send this form to the following address:

Treasurer OHAA WA  
Po Box 1065  
Nedlands, WA 6909

|            |       |
|------------|-------|
| Date:      | ..... |
| Signature: | ..... |