



The Geographical Association of Western Australia [Inc.]

Primary Teachers' Membership Application/Renewal 2019

Application for membership is welcomed from all Primary Teachers. Membership normally extends from 1st February to 31st January of the following year. The following options are available in 2019:

FEES:	Individual Membership (When paid personally by Individual)	\$50.00 (GST included)
	Institutional Membership (When paid by College/School)	\$55.00 per Teacher (GST included)

Note: The difference in in fees between Individual and Institutional Membership is because Institutions can claim back the GST component. All prices include a mandatory Australian Geography Teachers Association (AGTA) affiliation fee.

Individual Membership (Fee paid by yourself):

Teacher Registration # _____

Name: _____ Gender: F M

Address: _____

P.C.

E-mail: _____ 'Phone: _____

A work and/or home e-mail address is required for urgent/cost-saving communications.

Institutional Membership:

(Fees paid by College/School)

E-mail contact: _____

A work and/or home e-mail address is required for urgent/cost-saving communications.

Institution/Organisation: _____

Address: _____

P.C.

Contact Person: _____ 'phone: _____ Fax: _____

Name/s of Teachers/Persons Covered by this Institutional Membership - Please indicate Gender (F/M):

1. _____ F M 'phone: _____ E-mail: _____

Teacher Registration #

2. _____ F M 'phone: _____ E-mail: _____

Teacher Registration #

3. _____ F M 'phone: _____ E-mail: _____

Teacher Registration #

4. _____ F M 'phone: _____ E-mail: _____

Teacher Registration #

Tax Invoice

ABN 86 480 743 009

[Tick box]

Payment Details/Options

College/School Purchase Order #

Payment on invoice through College/School Purchase Order

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Payment by enclosed Cheque or Money Order made payable to **GAWA** & post to: PO Box 1252 SUBIACO, 6904

Payment by EFT: BSB # **124 001** Acct. #: **216 807 83** Reference: **Surname or School Name**

Payment by Credit Card: [tick box] Mastercard Visa

Card number:

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Expiry Date:

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 Name as on credit card:

I authorise GAWA to debit my credit card with the amount \$..... Signature:

Please send this completed Membership Form

by

Post to GAWA PO Box 1252 SUBIACO, WA 6904

or fax to **9388 2656** or scan and E-mail to: gawaadmin@westnet.com.au

A Tax Receipt will be sent for Individual/Personal Membership Applications/Renewals.