



62 Kalamunda Road KALAMUNDA WA 6076

ABN: 51 224 276 191

Web: www.dramawest.com

Email: info@dramawest.com

(Please note: DramaWest is a non-profit organisation.
Therefore GST does not apply.)

Membership Form/Invoice (Annual)

Membership – January to December)

Name: _____

School / Institution: _____

Phone: _____

Fax: _____

Email: _____

Email (home): _____

Address to which publications should be sent

Tick: Private address ? School Address?

Post code: _____

Membership type:

<input type="checkbox"/>	Single Membership	\$75
<input type="checkbox"/>	Student / Unwaged	\$35
<input type="checkbox"/>	Beginning / part time	\$50
<input type="checkbox"/>	Department (up to 3 members) – list who is covered below	\$150
<input type="checkbox"/>	Corporate (up to 7 members) – list who is covered below	\$225
TOTAL AMOUNT ENCLOSED \$		
SIGNATURE: _____		Date: _____

MEMBERS COVERED BY DEPARTMENT OR CORPORATE MEMBERSHIP (include emails if desired)

Please complete and RETURN THIS FORM with your cheque to DramaWest.

Cheques to be made payable to DramaWest

Account details for direct debit payments:		
Account name:	DramaWest Incorporated	
BSB: 306-044	Account number: 448666-2	Bank: Bankwest

(Please ensure you put your name and school in the notes. Forward your membership form to DramaWest with the direct debit confirmation receipt to info@dramawest.com)