

Membership Form

Please complete form and email/fax/post
with payment to CASE for Refugees.



245 Stirling Street
PERTH WA 6000
Tel (08) 9227 7311
Fax (08) 9227 7188
Email: admin@caseforrefugees.org.au
CASE for Refugees ABN 90 649 933 494

surname: _____ first name: _____

address: _____

postcode: _____

telephone [wk]: _____ [hm]: _____ mobile: _____

email: _____

occupation: _____ workplace/ place of study : _____

Subscription (includes GST)	(Circle)	Type	Age Group
corporate membership	\$100	new membership <input type="checkbox"/>	under 20 yrs <input type="checkbox"/>
not for profit association	\$40		20 – 30yrs <input type="checkbox"/>
individual membership	\$25	renewal <input type="checkbox"/>	30 – 45yrs <input type="checkbox"/>
student	\$10		45 – 60 yrs <input type="checkbox"/>
	total _____		Over 60 yrs <input type="checkbox"/>

Payment

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (please make payable to CASE for Refugees)
<input type="checkbox"/> Electronic money transfer	Please include your name as the reference and email admin@caseforrefugees.org.au Payable to Bankwest BSB: 306035 ACN: 2008823
<input type="checkbox"/> Credit Card Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>	Name on card: _____
Number: _____	Security Code: _____
Expiry Date: ____ / ____	Signature: _____

I wish to become a member of CASE for Refugees and support the objects and principles of the Association

Signature: _____

Date: _____

All applications for Membership are subject to acceptance by the Board of Management.

For office use only

	date	signature
board endorsed		
entered D/B		
Receipt Sent		
Follow-up required		

centre for advocacy, support and education for refugees