

Leisure Institute of WA Aquatics (Inc)

**LIWA AQUATICS INDIVIDUAL MEMBERSHIP
APPLICATION 12 Months**

Company: _____

Postal Address: _____

Post Code: _____

Phone (H) _____ **(W)** _____

Phone (Fax) _____ **(Mb)** _____

Contact Name: _____

Email: _____




DECLARATION

I hereby apply for membership of the Leisure Institute of Western Australia Aquatics and if successful agree to abide by the rules and constitution of the Institute.

Signature: _____ **Date:** _____

12 Month Membership \$120.00

Payment Options

 INVOICE <input type="checkbox"/>	 ** CHEQUE / MONEY ORDER <input type="checkbox"/>	 ELECTRONIC FUNDS TRANSFER (EFT) <input type="checkbox"/>
Purchase Order Number MUST be supplied below _____	Post completed Registration Form and Cheque to: LIWA Aquatics PO Box 726, Hillarys WA 6923	ACCOUNT NAME: The Leisure Institute of WA Aquatics (Inc) BRANCH: Whitfords Branch WA BSB: 086 495 ACCOUNT NUMBER: 03588 2867

** If paying by Cheque, please make cheque out to

The Leisure Institute of Western Australia Aquatics (Inc)

All correspondence to
LIWA Aquatics (Inc.)
PO Box 726 HILLARYS, WA 6923
info@liwaaquatics.org.au www.liwaaquatics.org.au

OFFICE USE: Web database updated:
 Invoice/Receipt #: _____
 Inv/Receipt Sent: