SPA

SAND PRODUCERSôASSOCIATION OF WA (Inc)

MEMBERSHIP APPLICATION FORM

Full Name:_____ Company Name:_____

ABN: _____ Main Contact:_____

Postal Address: _____ Suburb:_____ State:___ P/C: _____

Telephone:_____ Mobile:_____Fax: _____

E:Mail:_____

Type of Operation/s:

_____

_____

Annual Membership Subscription:

☐ $500 Company Membership (Allows one attendee per meeting)

☐ $100 Per Additional Member

nb: There is no GST on membership subscriptions

Payment Methods:

☐ My cheque for $_____ made payable to Sand Producers Association of WA is attached

☐ EFT - I have transferred $_____ into the Sand Producersôbank account

Account Name: Sand Producers Association of WA Inc
BSB: 306 051
Account Number: 418 6449

PRIVACY DISCLAIMER – The collection of these details is primarily so that we can register you as a member of Sand Producersô Association of WA Inc. This information will be stored in the Sand Producersôdatabase and may be used for future marketing of sand producersôevents. If you do not wish your details to be made available, please tick this box [ ]. If you do not tick the box, then Sand Producers Association of WA Inc will consider that the individuals completing this form consent to their personal details being used in the manner indicated.

Sand Producers Association of WA Inc.
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