



**Filipino Australian Health Workers Association  
(FAHWA)**

**MEMBERSHIP FORM**

Tick the relevant Box below.

Membership Application

Membership Renewal

DATE : \_\_\_ / \_\_\_ / \_\_\_

APPLICANT DETAILS : ( Please print clearly )

MEMBERSHIP NUMBER : \_\_\_\_\_

Mr/Mrs/Miss/Ms Surname ..... Given Name(s) .....

Residential Address :

..... Post Code .....

Employer :

..... Post Code .....

Mailing Address ( If different from Residential Address )

..... Post Code .....

Telephone .....

Mobile .....

Email .....

Date of Birth ..... ( Optional ) Gender : M / F ..... ( Optional )

Membership Applied for :

Single

Couple

Membership fee : Yearly

AUD 10 \_\_\_\_\_ Single

AUD15 \_\_\_\_\_ Couple

**NAME AND SIGNATURE OF APPLICANT**

Please transfer payment to:

Account Name: FAHWA INC

BSB No: 066-000

Account No: 1258 4321

NAME ( Print ) ..... SIGNATURE .....

Approved by : .....

( For FAHWA Inc. )

Please handover this form to any FAHWA member or mail to : PO BOX 3160, PERTH WA 6164