



APPLICATION FOR MEMBERSHIP

Mr/Mrs/Ms/Dr/Other

Surname (or Organisation)

Given names

Address

..... Postcode

Phone (Home) (Work)

Facsimile

E-mail

Membership Categories and Subscriptions[#]

(Please tick your category)

Ordinary () \$25

Family (one newsletter) () \$40

Institutional/Corporate () \$50

Concession^{##} () \$20

Donation () \$

Proposed by

Seconded by

(These nominations can be completed by the Council)

POST WITH PAYMENT TO:

Membership Secretary
Kimberley Society (Inc.)
PO Box 8471
Perth Business Centre
Perth WA 6849

The Society operates on a calendar year but, during the second half of the year, it welcomes subscriptions for six or eighteen months.

Concession is available only to full time students or pensioners.