

Membership Renewal/Application Form

MEMBER DETAILS

Surname/Family Name: _____

Given Name(s): _____

Postal Address: _____

STREET ADDRESS or PO BOX

TOWN or SUBURB

STATE

POSTCODE

Telephone: _____ Mobile: _____

E-mail Address: _____

MEMBERSHIP CATEGORY

Membership fees \$50 \$ _____

DONATIONS

General donation \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

SIGNATURE

DATE

PAYMENT

Electronic transfer:

Pay via electronic funds transfer using the following details:

Account: Seismological Association of Australia Inc

Bank & Branch: BankSA, Unley SA

BSB: 105-011

Account no: 112 347 740

Please provide your full name as a reference/description for the transfer.

and either e-mail this form to joe.grida@internode.on.net or forward completed form to us at PO Box 682, Mylor SA 5153.

Comments: _____
