

Pakistan Association of Western Australia Inc.

(Prescribed Form PAWA -1)

Application for Membership

The Executive Committee:

I /We hereby apply for the membership of the Association and agree:

- To abide by the latest constitution of the Association.
- To give our details and consent to the Association to contact us.

Name _____

Profession _____

Home Address _____

_____ Post Code _____

Telephones (Home) _____ (Work) _____

(Mobile) _____ (Fax) _____

Email (Important) _____

Name of Wife/Husband _____

Children _____ Age _____

_____ Age _____

_____ Age _____

Class of Membership requested (see section 5) _____

Membership Fee paid _____ By Cheque / Cash

Signed _____ Dated _____

For Office Use

Membership Approved _____

Officer _____