



The Society of W.A. Opera Lovers Inc.
Application for Membership

Name: Signature:

Address:

Post Code: Date:

Email: Phone:

Table with 2 columns: Membership Fees, 1 Year. Rows include Singles Full (\$50), Couples Full (\$75), Concessions (\$40), and Students (\$10).

Concessions: Senior, Pensioner or Student Number

Amount Payable: Fees: \$ Donation: \$ Total: \$

There are three options for payment:

- 1. Cash, along with a completed membership form at an event.
2. Directly, through Electronic Funds Transfer to Westpac BSB 036 082 Account Number 214292...
3. By Credit Card.

Card Holder Name:

Card Number: Expiry: Security Code:

Send the completed membership form to The Society of WA Opera Lovers, PO Box 1334, SUBIACO WA 6904 OR email it to operaloverswa@outlook.com.

OFFICIAL USE ONLY

I, ..., member, wish to nominate for membership the person/people named above.

Signature: Date: