



62 Kalamunda Road KALAMUNDA WA 6076

ABN: 51 224 276 191

Web: [www.dramawest.com](http://www.dramawest.com)

Email: [info@dramawest.com](mailto:info@dramawest.com)

(Please note: DramaWest is a non-profit organisation.  
Therefore GST does not apply.)

## Membership Form/Invoice

(Annual Membership – July to June)

Name: \_\_\_\_\_

School / Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email (home): \_\_\_\_\_

Address to which publications should be sent

Tick:  Private address ?  School Address?

\_\_\_\_\_

Post code: \_\_\_\_\_

Membership type:

<input type="checkbox"/>	Single Membership	\$75
<input type="checkbox"/>	Student / Unwaged	\$35
<input type="checkbox"/>	Beginning / part time	\$50
<input type="checkbox"/>	Department (up to 3 members) – list who is covered below	\$150
<input type="checkbox"/>	Corporate (up to 7 members) – list who is covered below	\$225
<input type="checkbox"/>	NJ Subscriptions	\$45 each
<b>TOTAL AMOUNT ENCLOSED</b>		<b>\$</b>
SIGNATURE: _____		Date: _____

MEMBERS COVERED BY DEPARTMENT OR CORPORATE MEMBERSHIP (include emails if desired)


**Please complete and RETURN THIS FORM with your cheque to DramaWest.**

**Cheques to be made payable to DramaWest**

**Account details for direct debit payments:**

**Account name: DramaWest Incorporated**

**BSB: 306-044**

**Account number: 448666-2**

**Bank: Bankwest**

(Please ensure you put your name and school in the notes. Forward your membership form to DramaWest with the direct debit confirmation receipt to [info@dramawest.com](mailto:info@dramawest.com))