PART D

*For completion only by persons applying to be an **Associate Member.***

Application as an Associate Member is for a person or organisation providing financial or other support for DWA and that wishes to be updated by receiving DWA's Newsletter.

Applicants Name: (BLOCK LETTERS) .....
Surname Given Name/s

Locality Address and Postcode: .....

Postal Address (if different to locality address): .....

Telephone: ..... Mobile: ..... Email: .....

Date of Birth: ..... ☐ Male ☐ Female (Please tick)

Organisation Name: .....

Preferred Title: .....

Associate Member - Non Guiding $50 ☐ **Associate Member - Ski Guide $35** ☐

Method of Payment: (please tick) ☐ Cash ☐ Cheque ☐ Money Order ☐ Credit Card

☐ M/Card ☐ Visa Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp: ...../.....

DWA Membership: $..... Signature: .....Date: ...../...../.....

Donation to DWA: $..... all donations over $2.00 are tax deductible (If not the Applicant or the Applicant is under 18 a parent or guardian must sign)

Total $..... Name (Block Letters): .....

OFFICE USE ONLY:

Approved by: ..... Payment Received: ..... Date: .....