Children of Mauritius Medical and Surgical Support Association

COMMSSA – Western Australia Inc.

Membership Application. *(please circle) New Renewal*

* ***REQUIRED INFORMATION:*** ** Title_____*

**Surname _____*

**Given Name (s) _____*

* ***Postal Address:*** *.....*

.....

..... Postcode.....

* ***Contact Details:*** *Tel. (home) ..... (work) .....*

(Mobile) .....

* ***E-mail*** *.....*

OPTIONAL INFORMATION:

DOB: .. /.. /....

Occupation:.....

Annual Membership Fee ***($20.00 per member, Payable 1st July each year)*** ***$_____***

Voluntary Donation ***$_____***
(*Donations over $2 are Tax deductible, ATO ref. No. J10/50/vol36)*

Total enclosed ***$_____***

Signature of Applicant .....Date...../...../.....

COMMSSA Western Australia Inc. *use only*

Application received ...../...../..... Amount Received $ _____

Receipt No. ..... Receipt date ...../...../.....

Name..... Signature..... Position .....

PO Box 8124 Subiaco East WA 6008 *e-mail: info@commssa.org.au* *www.commssa.org.au*