

Children of Mauritius Medical and Surgical Support Association
COMMSSA – Western Australia Inc.



Membership Application. (Please circle) *New* *Renewal*

* **REQUIRED INFORMATION:** * Title: Dr Mrs Mr Ms Miss

*Surname _____

*Given Name (s) _____

* **Postal Address:**

.....

..... Postcode.....

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

(Mobile)

* **E-mail**

OPTIONAL INFORMATION:

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

Membership Fee (\$20.00 per existing member, Payable 1st July Anually) \$ _____

Donation \$ _____

(Donations over \$2 are Tax deductible, ATO ref. No. J10/50/vol36)

Total \$ _____

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

COMMSSA Western Australia Inc. use only.

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

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

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