



Membership Application Form

Please fill out the form below and post it to:

**The Secretary
West Australian Herpetological Society Incorporated.
PO Box 176 WOODVALE WA 6026**

I/We the undersigned wish to apply for membership of the **West Australian Herpetological Society Incorporated.**

Name of Applicant: _____

Mailing Address: _____

Contact Phone: _____

Email Address: _____

Optional

DEC Licences Held: _____

Area of Herpetology
Interests: _____

Fees are due in November each year & membership is from 1 November to 31 October

I am over 18 years old † Yes † No

Membership Fee 1 Year \$30.00 3 Years \$80.00

A donation of \$ _____ is enclosed.

Signature _____ Date _____

Online membership payments can be made via EFT. Please make sure you include your name and the word “**new**” in the bank transfer comment.

Account Name: WAHS
BSB Number: 066-007
Account Number: 10160657
Bank: CBA

This form will still be required to be posted or emailed when using the EFT facility.