

Little White Whale Project



Application for Membership to the Little White Whale Project WA Inc.

Applicant

I, _____
Full name of applicant

Of _____
Full address

Main Occupation _____

Best Email Address _____

Best Phone Contact Number _____

Apply for Membership of the Little White Whale Project WA (select one):

Ordinary Member \$20

Associate Member \$5

Applicant must be over 15yrs of age

Applicants can be under 15yrs of age

In the event of my admission as a member I agree to be bound by the Constitution of the Little White Whale Project WA Inc. (A copy of the Constitution can be found on our website www.littlewhitewhaleproject.org)

Signature of Applicant

Date

Nominated By

Full Name of the Member nominating the applicant

Signature of Nominating Member

Date

Please scan/or take a photo and return form to hello@littlewhitewhaleproject.org
or post to 29 Jeeda Close Bayonet Head WA 6330

Once you receive Notification of Approval Payment is to be made by Direct Deposit

Account Name: Little White Whale Project WA Inc **Bank:** Bendigo Bank
BSB: 633 000 **Account No:** 192 796 613

Executive Committee Approval Date

Full Name of the Secretary/Other Executive Committee Representative

Signature of Secretary/Other Executive Committee Representative

Date

Funds Received Date

Receipt Emailed Date

Membership Form

W: www.littlewhitewhaleproject.org

E: hello@littlewhitewhaleproject.org

P: 0409 001 313