



ABN 36 629 812 819
C/- 374 BAGOT ROAD
SUBIACO WA 6008

KING EDWARD MEMORIAL HOSPITAL ALUMNI INC MEMBERSHIP

- **Engagement & participation in the alumni community** Act Belong Commit
- **Social evenings 3rd Thursday in Jan, March, May, July, Sept, Nov**
6 to 7:30 pm with nibbles, wine & speakers renowned in their area of interest
- **Day time excursions** may replace some evening events
- **Dedicated Alumni e-newsletter**
- **Membership Card discounts** at various retailers and restaurants as advertised on our web-site

APPLICATION / RENEWAL FOR MEMBERSHIP

(Please circle which is applicable)

(Print full name

Of (Residential or postal address).....

.....Post Code:.....

I apply to become/continue as a member of the King Edward Memorial Hospital Alumni Incorporated.

If my application is accepted, I agree to be bound by the rules of the Alumni.

Signature:..... Date:.....

Email address: Phone:

Nomination will be endorsed upon receipt by Committee Member:

Member Name: Signature:.....

Subscription Amount paid: \$_____ [one / two / three years; concession Y / N]

Cash () Cheque enclosed () Payment made via direct deposit () Please tick where applicable

----- **Applicants can detach and keep bottom section if required** -----

Membership year is from 1 July to 30 June

Membership Fee : \$40 (one year) / \$77.00 (two years) / \$112.00 (three years)

Seniors and Students: \$20 (one year) / \$38.00 (two years) / \$56.00 (three years)

Please return the completed application form and post Cheque/Money Order made out to the King Edward Memorial Hospital Alumni Inc to: KEMH Alumni Honorary Secretary, PO Box 2141, Subiaco, WA 6904.

For direct deposit these are the details you require:

Account name: **KING EDWARD MEMORIAL HOSPITAL ALUMNI INC.**

Bank: Police and Nurses Mutual Banking / Account number: 01838536 / BSB: 806-015

Paid by: (Your name, please)