



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

KING EDWARD MEMORIAL HOSPITAL ALUMNI INC

MEMBERSHIP APPLICATION / RENEWAL

(Please circle which is applicable)

Name:

Mailing Address:

..... Post Code:

Email address: Phone:

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:

Nomination will be endorsed upon receipt by a Committee Member.

Member Name: Signature:

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

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

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

KEMH ALUMNI ACTIVITIES

- Engagement & participation in the alumni community – Act, Belong, Commit
- Social evenings 3rd Thursday in Jan, March, May, July, Sept, Nov
6 – 7.30 pm with nibbles, drinks & speakers renowned in their area of interest
- Day time excursions may replace some evening events
- Dedicated Alumni e-newsletter

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)

For direct deposit:

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)

Enquiries: KEMH.Alumni@outlook.com