



Membership Application Form

When complete please return to membership@awfai.org.au

First Name _____

Last Name _____

Address _____

City/State/Postcode _____

Mobile phone _____ Home _____

Email _____

Date of Birth _____

Please consider my application for the following membership class:

Member

Associate Member

Applicants signature _____

All applications must be supported by an existing member of the AWFA.

Nominators name _____

Nominators signature _____

Official use only. Applicant is approved / not approved

Signed _____

Date reviewed _____

Comments _____