

## APPLICATION FOR MEMBERSHIP

Please complete and return to STTARS either by post (address above) or email

Member Details	
Name	
Address	
Phone	
Email	
<p>STTARS default correspondence method with Members is via Email. If you wish to receive membership correspondence via Post please indicate below.</p> <p style="padding-left: 40px;">I wish to receive correspondence via POST</p>	

I support the aims of STTARS and wish to become a member.

I agree to be bound by the rules of the Association.

I declare that I am over 18 years of age.

### Payment

Please find enclosed a Cheque or Money Order for \$25

**OR**

I have deposited \$25 into the STTARS bank account

**Account Name: STTARS    BSB: 035 033    Account No:200447**

.....

Signed

.....

Date

***Please Note: Private information will be used for STTARS purposes only, and may be viewed by the STTARS Board & STTARS Management for this purpose.***

Completed forms can be e-mailed to [membership@sttars.org.au](mailto:membership@sttars.org.au) or posted to the address above.