

APPLICATION FOR MEMBERSHIP

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

| Member Details | |
|---|-----|
| Name | |
| Address | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| Email | |
| Demographics - Optional | |
| Age (years) | |
| Are you from a non-English speaking background? If yes, please indicate your background. | Yes |

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 Board & Senior Leadership for this purpose.

Completed forms can be e-mailed to j.cooper@sttars.org.au or posted to the address above.