



Membership Application / Donation Form

Please fill in before printing or complete in BLOCK LETTERS

Last Name: Given Name:

Address: Post Code:

Telephone: Mobile:

Email:

Membership (full/concession/student)

- 1 year membership (\$20/10/\$5)
 2 year membership (\$40/20/\$10)
 5 year membership (\$100/50/n.a.)

Donation

I would like to make a donation of \$

Total amount payable: \$

By signing this membership application form I certify that I agree with the [objectives](#) of SAWA-Australia and undertake to abide by its constitution.*

Signature:

Date:

* To view the constitution please visit www.sawa-australia.org/documents/constitution.html

Volunteering

I am interested in assisting SAWA-Australia in its work through

- fundraising/merchandise event organization lobbying / letter writing
 other (please specify)

Please send the completed form with your cheque and/or money order made out to SAWA-Australia

for SAWA-Australia (SA):

SAWA-Australia, P.O. Box 90, Flinders University Post Office, BEDFORD PARK SA 5042

for SAWA-Australia (NSW):

SAWA-Australia, PO Box1741, ROZELLE NSW 2039

for other states: Send the form and cheque to the state association (SA or NSW) of your choice.

The women, boys and girls of Afghanistan and the Afghan refugees living in Pakistan will thank you for your support.