



53 Curtin Avenue  
Cottesloe WA 6011

## Membership Form

I would like to become a member of the West Australian Foundation for Deaf Children (Inc)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Enclosed please find my membership fee of \$20.00

Cheque

Postal Order

### Membership Categories (please tick appropriate box)

#### Member

- i) A natural person (an individual) who is interested in and/or provides services which promote the well being of people who are Deaf and/or Hard of Hearing.
- ii) An artificial person or organisation (including but not limited to any professional body) which provides services to promote the well being of people who are Deaf and/or Hard of Hearing.
- iii) A member has voting rights in the business of the WAFDC.
- iv) In the case of an artificial person or organisation, one natural person shall represent such a member at meetings and shall exercise a proxy vote on behalf of that other member.

#### Associate Member

A natural person or an artificial person or organisation who is interested in and/or provides services which promote the well being of people who are Deaf and/or Hard of Hearing, but does not wish to participate in the management of the Association. An associate member will not have voting rights in the business of the WAFDC.

#### Honorary Life Member

A person elected by special resolution of a general meeting of the Association to be an Honorary Life Member of the Association in recognition of very special and outstanding services to the Association. No more than two Honorary Life Members shall be elected in any one year. Honorary Life Members shall be entitled to all the privileges of a member.

Please return membership forms to:

West Australian Foundation for Deaf Children (Inc)  
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