

Member Levy Account Application Form

Member Details:

Name: _____

Address: _____

Telephone:(h)_____ (w)_____ (m)_____

Email: _____

Name of contact for correspondence (if applicable): _____

Nominated Bank Account Details for EFT:

Account Name: _____

BSB: _____

Account No: _____

Active Member in the following sport/s (please tick the applicable boxes)

Basketball

Hand cycling:

Rugby:

Athletics:

Swimming:

Shooting:

Lawn Bowls:

Tennis:

Other:

Please list: _____

Do you authorise WSV to withdraw funds from my MLA for the following items:

- WSV Membership Renewal
- Any outstanding debts with WSV
- Entry Fees for various sporting events

Yes:

No:

Member signature: _____ Date: _____

For further information, please contact Sherry Zhang at WSV on (03) 9473 0133 or
finance@wsv.org.au.

Office Use:

Date Received: _____ Received by: _____

Financial Member: YES NO If Yes, Member No: _____

Date Approved: _____ Approved by: _____

JOB ID: _____