



Membership application form

Please post completed form to Friends of Palestine WA, P.O. Box 1410, West Perth WA 6872, or alternatively scan and email it to FriendsOfPalestineWA@gmail.com

Name:.....

Address:.....

.....

Phone number:.....

Mobile:.....

Email:.....

I am paying my membership via the following method:-

Cash

Cheque (payable to **Friends of Palestine WA**)

Please send the cheque to:-
Friends of Palestine WA
P.O. Box 1410
West Perth WA 6872

[Office Use Only]	
Paid ?	yes / no / pending
Member card issued?	Y / N / P

Direct deposit

Please deposit money in the following account:-

Account name: Friends of Palestine WA

BSB: 016-498

Account no.: 4781-02647

Please write your name on the deposit slip/online form
as it appears on this membership form

I hereby confirm **I have paid/ will pay** [please circle]

\$20 waged/\$10 unwaged [please circle]

to join *Friends of Palestine WA* as a full financial member for 12 months commencing on the date this application was signed.

Signature:.....

Date:.....

By signing this form I agree to the principals of peaceful solidarity with the Palestinian people.

Any individuals expressing offensive views in association with Friends Of Palestine (WA) will be expelled from the group. Membership does not imply right to speak on behalf of the group.