

# The Geographical Association of Western Australia [Inc.]

## Membership Application/Renewal 2021

Application for membership is welcomed from all. Membership extends from 1st February to 31st January of the following year. The following options are available in 2021:

- ◆ **Metropolitan and Country Individual Membership** when paid personally by the individual;
- ◆ **Metropolitan and Country Institutional Membership** is available to any of the following enterprises College/School or other Educational Institution. This type of Membership can cover 1 or more teachers @ \$90.00 (+GST) for EACH Metro Teacher, or \$67.50 (+GST) for EACH Country Teacher. For Individual (Country) and Institution (Country) memberships, 'Country' is defined as: "All places/localities within the following WA Government Educational Districts, Goldfields, Kimberley, Mid-West, Pilbara, South-West and Wheatbelt".
- ◆ **Student Membership** is available to a teacher education student enrolled full/part-time at any tertiary institution.

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<b>Individual (Metro)</b> (When paid by Individual)	<b>\$90.00</b> (GST included)	<b>Individual (Country)*</b> (When paid by Individual)	<b>\$67.50</b> (GST included)
<b>Institution (Metro)</b> (When paid by College/School)	<b>\$99.00 per Teacher</b> (GST included)	<b>Institution (Country)*</b> (When paid by College/School)	<b>\$74.25 per Teacher</b> (GST included)
<b>Teacher Education Student Membership</b>	<b>\$10.00</b> (GST included)		

Note: The difference in in fees between Individual and Institutional Membership is because Institutions can claim back the GST component.  
All prices include a mandatory AGTA affiliation fee (except Corporate Membership).

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## Payment Details/Options

### Tax Invoice

ABN 86 480 743 009

Tick Box

☐

Payment on invoice through College/School Purchase Order

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Payment by enclosed Cheque or Money Order made payable to **GAWA & posted to:**

PO Box 1252  
SUBIACO, 6904

☐

Payment by EFT: BSB # 124 001 Acct. #: 216 807 83 Reference: **Surname** or **School Name**

☐

Payment by Credit Card:

Mastercard

☐

Visa

☐

Card #

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Expiry Date:

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Name on Credit Card: .....

I authorise GAWA to debit my credit card with the amount of:

\$

Signature: ..... [Digital signature accepted]

**Please send this completed Membership Form**

by

Fax to **9388 2656**

or scan and Email to:

[gawaadmin@westnet.com.au](mailto:gawaadmin@westnet.com.au)

or

Post to GAWA PO Box 1252 SUBIACO, WA 6904

A receipt will be sent for Individual/Personal Membership Applications/Renewals.