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WIRELESS INSTITUTE OF AUSTRALIA ABN 56 004 920 745
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 Email nationaloffice@wia.org.au

MEMBERSHIP APPLICATION

Send to **WIA Membership**
 PO Box 2042
 Bayswater VIC 3153

Mr/Mrs/Ms

Given Names

Family Name

Preferred Name

Street Address

City/Town State Postcode Country

Callsign Date of Birth dd/mm/yyyy

Occupation

Tick which period and fee.

Membership	<input type="checkbox"/> 1 year	<input type="checkbox"/> 5 year
Member	<input type="checkbox"/> \$75	<input type="checkbox"/> \$356
Overseas Member	<input type="checkbox"/> \$85	<input type="checkbox"/> \$403
Concession Member*	<input type="checkbox"/> \$70	<input type="checkbox"/> \$332
Student**	<input type="checkbox"/> \$70	
Additional Family Member***	<input type="checkbox"/> \$30	

* Please provide pension health benefits card number.
 ** Please provide evidence below of being a full-time student.
 *** Please provide name and callsign of primary family member residing at the same address.

Provide concession details

Home Telephone

Work Telephone (optional)

Mobile Telephone (optional)

Email Address

I apply for membership of the Wireless Institute of Australia and agree to be bound by its constitution (available on the WIA Website).

I enclose Cash Cheque or Money Order for \$ _____
 or authorise payment of \$ _____ by way of debit
 to my MasterCard Visa Credit Card

Card No.

Expiry Date ____/____ Name on Card

Signature of Applicant Date ____/____

A Concession Member who wishes to pay by credit card may pay the current annual subscription by 4 equal instalments of \$17.50. If you wish to take advantage of this concession, contact the WIA Office.