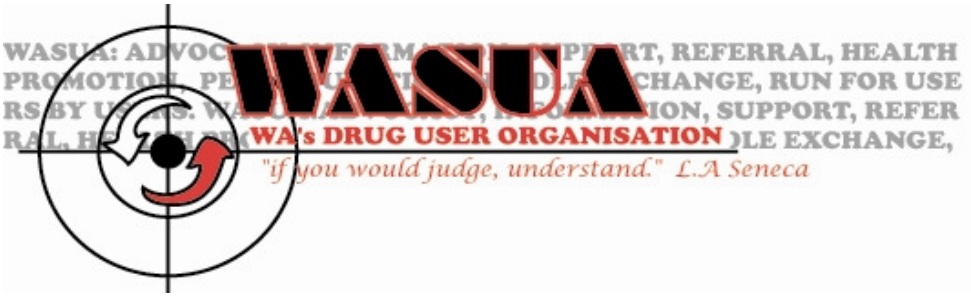

TAX INVOICE
ABN: 90 058 632 943

ANNUAL MEMBERSHIP
2009/2010

The WA Substance Users Association (WASUA) aims to improve the health and social circumstances of people who use/inject illicit substances. Membership is open to individuals and groups who support the objectives of the organisation.

NAME: **……**

ORGANISATION: (if relevant) **……**

Address: **……**

Suburb: **……** Postcode: **……**

Contact
Home: **……** Work: **……**

E-mail: **……** Fax: **……**

Type of Membership (Please tick)

Unwaged ($2) **……**

Waged ($10) **……**

Organisation ($50) **……**

Membership fees are GST inclusive. Please make cheque/money order payable to: **Western Australian Substance Users' Association.**

Upon admission as a member of WASUA I agree to abide by the Rules of the Association.

Signed: **……** Date: **……**

519 Murray Street Perth WA 6000
P: 08 9321 2877 F: 08 9321 4377 E: info@wasua.com.au