Animal Works Membership Application

Contact Details:

Name : Dr/Mr/Mrs/Ms (please circle) _____

Address : _____

Postcode : _____ Country : _____

Mobile : _____ Home Tel : _____

Email : _____ Date of Birth: _____

If this membership is a gift please enter receipient information below

Name : Dr/Mr/Mrs/Ms (please circle) _____

Address : _____

Postcode : _____ Country : _____

Mobile : _____ Home Tel : _____

Email : _____ Date of Birth: _____

Payment Information:

[ ]Paid by Paypal / Online [ ] Direct Deposit [ ] Cash [ ] Cheque

Direct Deposit: Account name - Animal Works Australia Incorporated
BSB 012241 / Account no 526080658

Cheque payments: Please complete this membership application & mail it together with your cheque made payable to "Animal Works Australia Incorporated" to :
4/31b Fern St, Clovelly NSW 2031, Australia

Donate: Make a One-Off Donation

[ ]$20 [ ]$50 [ ]$75 [ ]$100 [ ]$200 [ ]Other Amount $_____

Official Use Only :

Received : Processed :

M/Ship No :

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