

WFA Membership Application Form

COMPANY/TRADING NAME: *

CONTACT NAME: *

ADDRESS: *

ACN/ABN NUMBER: *

PHONE NUMBER: *

MOBILE NUMBER: *

EMAIL ADDRESS *

WORK COVER INSURANCE NUMBER *

PAID TO (date) *

PUBLIC LIABILITY INSURANCE DETAILS *

PAID TO (date) *

RED CARD NUMBER AND COURSE DATE *

SIGNATURE (Type Your Name) *

This Form Is Interactive – Complete form above and click EMAIL button

Or complete, print and return this form to **WFA, PO Box 369, CARNEGIE VIC 3163**
with your cheque for \$250.

Alternatively, call Alma Reynolds on (03) 9846 3866 or Steve Tesoriero on (03) 9569 2222.
Please have your credit card handy to arrange payment.