



Culture Care WA Inc.

Life Membership Application Form 永久会员申请表

For Office Use
Membership No
LM

Life Membership holders have no voting rights 永久会员持有者并无投票权

APPLICANT'S DETAILS 申请者资料

Surname 姓氏 (as per passport 以护照为准)	
Given Name 名字 (as per passport 以护照为准)	
Gender 性别	
Date of Birth 出生日期 (DD/MM/YYYY)	
Address 地址	
Email 电邮	
Mobile 手机号	
Country of Birth 出生国家	
Emergency Contact Person / Contact Number 紧急联系人与联系电话	

PERSONAL DETAILS FOR IMMEDIATE FAMILY MEMBERS 直属家庭成员资料

Surname 姓氏	Given Name 名字	Relationship 关系	Gender 性别	Date of Birth 出生日期



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As a Life Member, I agree to pay a one-off membership fees of \$ 30. In addition, I am aware this membership does not give me the right to vote as an ordinary member of the Culture Care WA Inc. 作为永久会员，我同意会缴付一次性三十澳币的永久会员费。此外，我也清楚知道此会员类别并无投票权。

I would like to opt out to give consent to the Culture Care WA Inc. to send promotional materials and commercial electronic message on Culture Care WA Inc. activities, corporate sponsors to promote their products and services and latest update. 我不希望接收任何由 Culture Care WA Inc. 发出的有关活动与信息、企业赞助、广告商及社区活动的宣传资料。

Applicant Declaration 申请者声明

I hereby declare that all the information provided by me in this form is true and accurate. 我保证在此表格所填写的资料一切属实，绝无虚假。

Applicant's Signature 申请者签字

Date 日期

Life Membership fees is to be made by Electronic Fund Transfer (EFT). Account Details as below: 永久会员费可通过网络银行转账，账号资料如下：

BSB Number 银行 BSB 号码 : 302 -162

Account Number 银行账户号码 : 1912587

Account Name 银行账户名称 : Culture Care WA Inc.

Payment Reference 银行付款序号 : Surname + Date of Birth

Official Receipt No 正式收据号 :

To be provided by office