

MEMBERSHIP FORM

To: The Rottnest Society
P.O. Box 418
CLAREMONT WA 6010



The Rottnest Society
P.O. Box 418 Claremont
Western Australia 6010

I wish to be a member of The Rottnest Society. I enclose my annual subscription:

Student / Pensioner..\$15.00 p.a.

Regular / Family.....\$25.00 p.a.

I do not wish to be a member but I enclose a donation of \$ _____

Name: (Miss/Mrs/Ms/Mr/Family).....

Address:

.....Postcode.....

Telephone:

Fax:

Email:

Date:

Signature:

I would prefer to receive my newsletter by:

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Email