|  |  |  |
| --- | --- | --- |
| Title: Mr, Mrs, Ms, Other | Given name/s Family name | |
| (For family memberships only)  Name of spouse and details of children | Spouse | Name/s of children  Age/s |
| Address: | Postcode | |
| Telephone: | Work: | Home: |
| Mobile: |  | |
| Email (unless you request otherwise, ALMA News and Updates will be sent by email) |  | |
| **Membership fees**  (including GST)  Membership year runs from  I January to 31 December. | (Please tick one) **One year Two years**  **Individual** □ $ 10.00 □ $ 16.50  **Family** □ $16.50 □ $27.50  **Concession\*** □ $ 5.00 □ $ 8.80  **Corporate/Association** Contact ALMA Secretary for details  **Note:** If your child is attending the Chinese Australian Early Childhood Centre in Mawson, please contact the Director for membership forms | |
| **Method of Payment** | □ Cash (no cash by mail please) □ Cheque/Money order □ Direct Deposit | |

\* Full-time student, pensioner, or concession card holder

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| --- | --- |
| **Cheques and money orders should be made payable to:**  The Association for Learning Mandarin in Australia Inc  **and mailed with your completed renewal form to:**  The ALMA Secretary, Po Box 387, Mawson, ACT 2607  (For Direct Deposit payments, completed forms can be emailed to: membershipsalma@gmail.com) | **For Direct Deposit:**  **BSB:** 112 908 (St George)  **A/c Number**: 040000371  **A/c name**: Association for Learning Mandarin in Australia Inc  **Reference:** Your full nameor phone no. |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Optional** (please tick) |
| * I speak Mandarin (fluent, intermediate, basic) |
| * I am interested in learning/improving my Mandarin |
| * My child is currently learning Mandarin (please give details) |
| * Other (please give details)   **…………………………………………………………………………………………………………………………** |

#### Office Use Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount Paid** | $ | **Date Received / /** | | **Receipt No.** |
| **Committee decision** | Date of Approved / / | | Proposed: | Seconded: |
| **Term of Membership** | 1 January to 31 December …………. | | | **Membership number** |