|  |  |
| --- | --- |
| 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 childrenAge/s |
| Address: |  Postcode  |
| Telephone: | Work:  | Home:  |
| Mobile: |  |
| Email (unless you request other-wise, ALMA News will be sent by email)  |  |
| **Membership fees** (including GST) Membership year runs fromI 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

|  |  |
| --- | --- |
| **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, 50 Ainsworth St, 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
|  **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** |