



MEMBER SIGN-UP SHEET

Welcome to the UWA Health Science Alumni!

Please complete form and return inclusive your payment to the Office of Development at UWA.

For more information please contact us on: hsa@sph.uwa.edu.au

Personal Information

*Title and Full Name	
Preferred Name	
*Graduating year	
*Preferred mailing address This address is my (please circle) Home Work	
Email Address (work)	
*Email Address (other)	
Phone (work)	
Phone (mobile)	
Birthday	

**Required field*

UWA adheres to the National Privacy Principles and your details remain strictly confidential. Your details will be shared with the UWA Health Science Alumni.

Payment

Please process my \$50 payment for Lifetime UWA Health Science Alumni Membership.

Enclosed please find my cheque made payable to **The University of Western Australia**
OR

Please debit my Credit Card for the amount of: _____

Amex Diners MasterCard Visa

Card Number:

Expiry date: /

Cardholders
Name _____

Signature _____ Date: ____/____/____

Please return completed form with payment to:

By mail: The Office of Development, M361
 The University of Western Australia, 35 Stirling Highway, CRAWLEY WA 6009

Or by fax: +61 8 6488 1063