

# APPLICATION FOR MEMBERSHIP OF PLATOWA INC

I,.....

[Insert Applicant's name]

of .....

[Insert Applicant's residential or postal address – required under section 27 of the Associations Incorporation Act (1987)]

apply to become a member of PLATOWA Inc.

If my application is accepted, I agree to be bound by the rules of the Association.

Signature:.....

Date:.....

## OPTIONAL ADDITIONAL INFORMATION:

Home Telephone: .....

Work Telephone: .....

Mobile: .....

Email: .....

**You can either PRINT this form, enter you details and post it, OR**

**DOWNLOAD the .doc or .rtf versions, edit your details and EMAIL it.**

**Please send this information to:**

Greg Williams  
PLATOWA Inc  
PO Box 5300  
Falcon, WA 6210

**Or Email: [plato@aapt.net.au](mailto:plato@aapt.net.au)**