

Western Australian Chapter



MEMBERSHIP RENEWAL 2015

I, _____ (*Applicant's full name*)

of _____ (*address*)

(*email address*) _____

(*occupation/position*) _____ (*employer*) _____

support the objectives of COAT and agree to be bound by the Constitution of the Council of Australasian Tribunals, Western Australian Chapter and apply for renewal of membership of the Chapter. I agree to be bound by the rules of the Chapter for the time being in force.

The annual membership fee for 2015 is \$20 which is to be deposited into the COAT WA Bank Account:

Bank account details:

- Commonwealth Bank BSB: 066-110
- Account No: 1024 2858 (clearly identifying the payer)

(*Applicant's signature*) _____ / /2015

Please forward the completed form to:
Rosemary Kelly, Secretary, State Administrative Tribunal
Rosemary.Kelly@justice.wa.gov.au