



MEMBERSHIP FORM

2011

Support Your Community Circus School For Only \$10 Per Year

Name: _____

Company: _____

Address: _____

Suburb: _____ Postcode: _____

Phone Home: _____ Mobile: _____

Email (required): _____

Please tick this box if you DON'T wish to receive email updates on shows and WA Circus School news

Please complete your enrolment form and return with payment by mail or email

Contact the WA Circus School if you need any assistance:

Postal Address: WA Circus School
PO Box 999
Fremantle WA 6959

PHONE: 08 9335 5370

EMAIL: wacs@circuswa.com

WEBSITE: www.circuswa.com

PAYMENT DETAILS

Cash / EFTPOS / Credit Card (must be done in person)

Cheque

Online transfer - Date Transferred: _____

Police and Nurses Credit Society
Account Name: WA Circus School Inc

BSB: 806-015

Acc No: 01648558

Please write your name as a reference ie M.SmithM/ship