



**BECOME A MEMBER**



# YOUR DETAILS

NAME	PHONE NUMBER	
ADDRESS	SUBURB	POSTCODE
EMAIL	STUDENT NUMBER - IF APPLICABLE	
INSTITUTION - IF APPLICABLE	COURSE NAME - IF APPLICABLE	

## Which best describes your involvement in the industry?

- |   |   |  |
|---|---|--|
| <input type="radio"/> Creative Services<br>(eg. stylist, model, photographer, hair and makeup)        | <input type="radio"/> Retailer/Landlord | <input type="radio"/> Government Partner |
| <input type="radio"/> Professional Services<br>(eg. project management, marketing, creative director) | <input type="radio"/> Corporate Partner | <input type="radio"/> Education Sector   |
| <input type="radio"/> Other (please specify) _____  | <input type="radio"/> Student           | <input type="radio"/> Supporter          |

NAME OF BUSINESS (IF APPLICABLE)	YEARS OPERATING
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DESCRIPTION OF BUSINESS

# PAYMENT

- |  |  |   |  |                                       |
|--|--|---|--|---------------------------------------|
| <input type="radio"/> <b>Student/<br/>Supporter</b><br>\$50/Year | <input type="radio"/> <b>Industry<br/>Emerging</b><br>\$120/Year | <input type="radio"/> <b>Industry<br/>Established</b><br>\$200/Year | <input type="radio"/> <b>Corporate</b><br>\$500/Year | <input type="radio"/> <b>Donation</b> |
|--|--|---|--|---------------------------------------|

Payments can be made by cash, credit card or EFT.

- |   |  |   |
|---|--|---|
| <input type="radio"/> Cash<br>Payable at the FCWA office from<br>9:30am to 4:30pm weekdays. | <input type="radio"/> Electronic Funds Transfer<br>Perth Fashion Concepts Inc.<br>Commonwealth Bank<br>BSB 066 000 Acc. 1182 4493<br>Please use the word 'member' and<br>your surname as a reference | <input type="radio"/> Mastercard <input type="radio"/> VISA<br>(2.5% surcharge applies) |
|---|--|---|

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CARD NUMBER

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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EXPIRES

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CVC

NAME ON CARD

SIGNATURE

\$

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AMOUNT

## Privacy Act Statement:

The information provided is used by FCWA to administer your membership and in the provision of membership benefits. The information provided may be used to contact and advise you of other members services or products, for research purposes. You may elect to cease receiving such information at any time by contacting FCWA at the address shown. Your personal information will not be disclosed without your consent for any other purpose unless required or authorized by law. You may request access to your person information and, if necessary, request that FCWA update your records by contacting the FCWA in writing.