



SOUTHWEST ADVOCACY ASSOCIATION INC.

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APPLICATION FOR MEMBERSHIP
(complete & return to Southwest Advocacy Association)

I wish to *become a member* of Southwest Advocacy Association.

Name

.....

Address

..... **Postcode**

Telephone **Mobile**

E-mail

Membership Category:-

Individual

Associate Member

I/We agree to be bound by the rules of the Association for the time being in force.

I/We agree to have my/our details stored on a confidential database in accordance with SWAA's Privacy Policy & agree that SWAA may send us correspondence and relevant mail outs unless otherwise notified.

.....

Signature

.....

Date

PLEASE NOTE that no membership fee applies. Membership is free & may be cancelled by you at any time.