

ASSOCIATION REGISTRATION FORM

Complete this form then save it before emailing to Darts WA as follows:
DWA Secretary: dartswasecretary@gmail.com



Association's Details

Association Name: _____

Is your Association Incorporated? YES / NO Date Incorporated _____ Number: _____

Please include a link to or a copy of your Associations Constitution along with your Registration to assist DWA to maintain a complete record of their registered associations:

URL to Association's Constitution: _____

President's Details

First Name: _____ Last Name: _____

Email Address: _____

Mobile #: _____ Other Contact #: _____

Secretary's Details:

First Name: _____ Last Name: _____

Email address: _____

Mobile #: _____ Other Contact #: _____

Postal address for correspondence:

Street #/PO Box #: _____

Town/Suburb: _____ State: _____ Postcode: _____

Treasurer's Details:

First Name: _____ Last Name: _____

Email Address: _____

Mobile #: _____ Other Contact #: _____

PAYMENT DETAILS

Pay to:

ACCOUNT: **Darts Western Australia Inc.**

BSB#: 036 082

ACCOUNT #: 542624

REFERENCE: _____

(eg Association Initials-Year)

Annual Registration Fees Due **by 31st January**

Association Registration Fee: \$100 \$ _____

Insurance Fee: \$150 \$ _____

Total: \$250 \$ _____

Date Paid: _____

Method of Payment:

Electronic Funds Transfer

Posted Cheque/Money Order

Send Money Order/Cheques to:

DWA Treasurer

52 Rochester Avenue

Beckenham WA 6107

Office Use Only:

Funds Received \$ _____

Date Received: _____

Receipt #: _____

BY: _____