

**Office Use Only 19-20**

Payroll  \_\_\_\_\_  
 CRM  \_\_\_\_\_  
 Website  \_\_\_\_\_  
 Welcome  \_\_\_\_\_  
 Member No. \_\_\_\_\_



## Western Australian Railways Institute (WARI) Application for Membership

for Full Time/Part Time Employees  
of **AURIZON**

I, \_\_\_\_\_  
                   [Title]                  [First Name]                  [Last Name]                  [Preferred Name] [if applicable]  
 an employee of **Aurizon**, hereby apply to be admitted as a member of the  
 WA Railways Institute (WARI), and agree to pay out of my salary or wages each pay period the amount of my  
 subscription (**currently \$8.21 per fortnight**) to WARI. I understand and acknowledge that the amount of the  
 subscription to WARI is that provided for the Constitution as amended by WARI Council from time to time.

<b>Signature</b>		<b>Date</b>	/ /
<b>Service Number</b>		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
<b>Position Title</b>			
<b>Location</b>			
<b>Date of Birth</b>	/ /	<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Postal Address</b>			
<b>Suburb</b>		<b>Post Code</b>	
<b>Home Phone</b>		<b>Mobile</b>	
<b>Email</b>			

Please return your completed membership form to WARI:

Post      PO Box 8436, Perth Business Centre WA 6849  
 In Person      Public Transport Centre West Parade East Perth WA 6004  
 Fax      9326 2754  
 Email      [wari@wari.asn.au](mailto:wari@wari.asn.au)

For membership enquiries:

Membership Officer  
 Phone 9326 2462  
 Email [wari@wari.asn.au](mailto:wari@wari.asn.au)