



MEMBERSHIP APPLICATION

Business Name: _____

Type of Business: _____

Business Address: _____

City: _____

State: _____ Postcode: _____

Telephone Landline: _____

Mobile: _____

Email: _____

Website: _____

New Membership Renewal Membership Donation

Select Type of Membership:

Regular Member- \$30 Paid annually on anniversary day
51% African-Australian owned

Associate Member- \$15 Paid annually on anniversary day
Business owner or Non-business owner

Total Amount Enclosed \$ _____

or

Direct to: AASBA Inc.

Please make check/money order- *payable to:*
AASBA Inc.

Bendigo Bank

Mail to: P.O. Box 2386, Footscray, Vic 3011

BSB & Account No
633-000 154497168

OFFICE

21A Byron St,
Footscray, Vic 3011

PHONE

Tel: +61 3 8820 5971
Mob: +61 468 362 282

ONLINE

Website: www.aasba.net
Email: AasbaVic@gmail.com