

兵庫文化交流センター

NEW MEMBER APPLICATION FORM 2018



HPGCC MEMBERSHIP

- Membership is for individuals only.
- The 2018 Membership runs from November 1, 2017 to December 31, 2018.
- The 2018 Membership Fee is \$30 per person/ \$25 for teachers (HPGCC is not registered for GST)
- Membership benefits apply only to the cardholder.

HPGCC MEMBERSHIP PRIVILEGES

- To borrow resources from HPGCC library. Members may borrow a maximum of ten (10) library items at any given time, including a maximum of two DVDs or Proficiency Test resources.
- To receive details of all HPGCC Member events and activities by either e-mail or post.
- To receive discounted participation fees to applicable HPGCC events.

MEMBERSHIP PAYMENT

Our preferred method of payment is bank transfer (details below). Please put your full name as a reference and email this form to hyogoprogram@iinet.net.au. If you are unable to do a bank transfer, payment may be made by cash or cheque.

Account Name: Hyogo Prefectural Government Cultural Centre Inc.
Branch No. (BSB) 016-112 **Account No.** 1012-03309

Hyogo Prefectural Government Cultural Centre



20 Kalinda Drive, City Beach WA 6015
Tel: (08) 9385 9002
Fax: (08)9385 9005
E-mail: hyogo@iinet.net.au

ABN: 54 259 850 249
Office hours: Tue-Sat: 10am-4pm
Website: <http://www.hyogo.com.au>
Facebook: www.facebook.com/HPGCC



Full Name (incl. Mr. Mrs. etc): _____

Postal Address: _____ Postcode _____

E-mail Address (please write clearly): _____

Contact Number: (H) _____ (W) or (Mob.) _____ (Fax) _____

The following information will assist us in providing for our members. Please tick the appropriate boxes.

Age: Under 18 18-25 26-35 36-45 46-55 56-65 66+

Occupation: _____

Nationality: Australian Japanese Other (Please specify: _____)

Are you a short term resident of Western Australia? Yes No (If yes, how long _____)

Areas of interest in Japan:

Japanese Culture Japanese Language Work in Japan Business and Trade Travel in Japan

Please read the above membership conditions and sign below as an acceptance of these conditions:

Signature: _____

Membership Number: _____

OFFICE USE ONLY

Date Received: _____

EFT Cash Cheque Money Order Amount: _____

DATA CHECK: Year E-mail address registered

Card given

Receipt given