

Volunteer / Supporter / Sponsor / Committee Member Personal Information*

Print Name _____

Address _____

Suburb _____ Post Code _____

Phone _____ Email _____

Company _____

Are you applying as a ...



Volunteer

Supporter

Sponsor

Committee

*All personal Information collected by the Technology Museum of WA Inc. is held in confidence as per our privacy policy. If you wish to view the privacy policy it is available on our website at <http://www.technologymuseumwa.org>

Emergency Contact Information

Print Emergency Contacts Name _____

Contacts Address If Different _____

Suburb _____ Post Code _____

Phone _____

Email

Office Use Only

Approved By

Print Name _____

Signature _____

Date ____/____/____