



Society of Editors (WA) Inc.

Say what you mean—hire an editor

Membership Application Form 2012–2013

ABN 50 950 809 807

Membership is valid from 1 February 2012 to 31 January 2013.

I would like to become a member of the Society of Editors (WA) Inc.

Name

Address

Suburb Postcode

Phone (H) (W) Fax

Mobile Email

Work experience

..... Freelancer (Y/N)

Proposed by

Financial member Society of Editors (WA) Inc.

Seconded by

Financial member Society of Editors (WA) Inc.

Briefly state your principal interest (genres of editing and areas of expertise), qualifications, involvement in publishing, and what you would like the Society to do for you.

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Fees include a \$25 levy to fund our national organisation, Institute of Professional Editors Limited (IPEd).

Please indicate the membership that applies to you.

Full \$80

Concessional \$60

*For holders of student card (full time),
Seniors Card or Health Care Card*

Pay by cheque or electronic funds transfer to
BSB **806036**, account **17594**, account name: **Society of Editors (WA) Inc.**

*Please ensure that you put **your name** on the EFT transfer.*

Forward completed form **and** cheque, or EFT receipt, to:

Treasurer, Society of Editors (WA) Inc.

PO Box 99

Subiaco WA 6904

or email: treasurer@editorswa.com