



# Supporters Program Application Form 2022

Council on the Ageing Western Australia Inc.



## COTA (WA) Supporter

We wish to become a Supporter of Council on the Ageing Western Australia Inc.

Name of Organisation:

Postal Address:

Contact Number:

ABN:

Email:

Signature:

## Supporter Delegate

The following person has been appointed as the Delegate for the ensuing year.

Name:

Position:

Contact Number:

Email:

\*The COTA (WA) eNewsletter will be sent to the Delegate's email address given above.

## Supporter Contribution

You will be invited to renew your support on an Annual Basis: January to December Pro-rata.

**Supporter Contribution (exclusive of GST)**

**\$1,500 per annum**

**For organisation less than 1 million turnover**

**\$ 500 per annum**

I would like to know more about sponsorship opportunities:

Yes

No

\*Complete this form and email to [dana@cotawa.org.au](mailto:dana@cotawa.org.au)

## How to Pay

By **Credit Card**

To pay via MasterCard or VISA

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Name (please print)

Date:

By

**EFT**

Account Details

**COTA WA**

Bank

**Bankwest**

BSB

**306 061**

Account Number

**0170 346**

Ref Org Name

**\* Tax Invoice will be sent upon receipt of payment.**