



Member Details (PLEASE PRINT CLEARLY)

Title: _____ First Name: _____ Surname: _____
Address: _____ Home Phone: _____
_____ Mobile Phone: _____
Nationality: _____ Birthday: _____
Email: _____
Current/Previous Occupation: _____

Spouse/Partner/Family Details

Title: _____ First Name: _____ Surname: _____
Company Name: _____ Position: _____
Nationality: _____ Mobile Phone: _____
Email: _____

Do you have children in Jakarta?

How Many: _____ Age(s): _____ School(s): _____

(Spouse/Partner and Dependents up to 21 years of age will also receive Membership Benefits)

Volunteers run the BWA. If you would like to volunteer some of your time in any of the following areas, please tick or speak to a committee member.

<input type="checkbox"/> BWA Committee	<input type="checkbox"/> Social Welfare	<input type="checkbox"/> Grapevine Magazine
<input type="checkbox"/> Accounting	<input type="checkbox"/> Administration	<input type="checkbox"/> Charity Ball
<input type="checkbox"/> Events/Activities	<input type="checkbox"/> Golf	<input type="checkbox"/> Occasional Help

Statement of Responsibility and Waiver

We the BWA are committed to safeguarding your personal information. Please be assured that we will not forward your information to any other parties.

I agree and accept that, as a Member of the BWA, I am solely responsible for my actions and statements, and I am fully liable for the consequences thereof.

I understand that the BWA is no way responsible for any loss and accident, which may befall me or my guests whilst participating, in any event sponsored or organised by the BWA.

Name: _____ Signature: _____ Date: _____

Office Use Only

Date Joined: _____ Database Entry: _____
Newcomers Pack: _____ Mailing List: _____
Fee Paid: _____ S & L Letter: _____
Receipt No.: _____