

Member Details (PLEASE PRINT CLEARLY)

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

Spouse/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): _____

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: _____

Please tick this box if you do NOT wish to be subscribed to BWA mailing list.

Office Use Only

New Member: Renewal: Newcomers Pack: _____
 Fee Paid: _____
 Receipt Number: _____ Membership Expiry Date: _____