



ENROLMENT

PLEASE CHOOSE CAREFULLY. NO REFUND. BY FILLING IN THIS FORM YOU ACCEPT WEA TERMS AND CONDITIONS.

Have you enrolled with WEA before? YES NO if possible give your WEA student number. WEA _ _ _ _ _

DISCOUNT/CONCESSION DETAILS: Card Type Card Number Expiry Date

WEA COURSE CODE	COURSE TITLE	START DATE	FEE
			\$
			\$
			\$
			\$
Are you able to be a companion to a student with a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL FEE PAYABLE: \$

FIRST NAME FAMILY NAME

DATE OF BIRTH Day Month Year MALE FEMALE
Mr Mrs Miss Ms Other _____

TELEPHONE Day Evening

POSTAL ADDRESS POST CODE EMAIL

OPTIONAL INFORMATION REQUESTED BY GOVERNMENT: Are you an Aboriginal? YES NO Or a Torres Strait Islander? YES NO

In what country were you born? What language do you usually speak at home?

CARDHOLDER'S NAME MASTERCARD VISA SIGNATURE

CARD NUMBER CARD EXPIRY Month Year

Return with payment to WEA, Box 7055, Hutt Street PO, Adelaide 5000 or fax credit card enrolment to 8232 3690 but DO NOT confirm fax by post!