

POWA Club Membership Form

Please turn this form in at one of our weekly screenings.

For questions please contact powaclub@gmail.com



Member Details: Please Print Information.

Member ID Number _____

First Name

Last Name

Preferred Name

Date of Birth

Email Address

Mobile Number

Landline Number

How did you hear about POWA (please circle) Website Facebook Posters/flyers

Event

Word of Mouth/Friend

Other (please specify)

Allergies or other special requirements

Mailing list

POWA Anime Club runs a mailing list for the purposes of informing our members of screenings, special events and the addition or change of members' benefits and rewards.

Yes, I would like to receive email notifications from the club.

Members receive a role on our Discord server. If you use Discord, what's your username?

What are some of your favourite anime series?

What are your favourite genres?

For more information and to see what's new at the club be sure to like and follow us on our website at powaclub.com or on Facebook at facebook.com/powaclubau.

POWA Anime Club Officer use only

Date joined/renewed: _____

Expires: _____

Member number: _____

Collected Amount: \$ _____

Is the Member under 18? If yes, has a consent form been either: (please circle)

Completed Sent with member for completion

**Please note POWA Memberships are non-refundable due to differing membership prices