



Registration Form

Name:.....

Postal Address: .....

.....

Telephone: ..... Facsimile: .....

Mobile:..... Email:.....

Position:.....

Agency:.....

What would you like to gain from joining WACAN?

.....  
.....  
.....  
.....  
.....

I agree to my contact details being circulated to other WACAN members  
(please tick)

Yes  No

Signed:.....

Date:.....

Please return to:

Mail: Manager, Alcohol Projects,  
ICCWA, City West Lotteries House,  
2 Delhi St, West Perth 6005

Fax: (08) 9486 7955

Email: [wacan2@iccwa.org.au](mailto:wacan2@iccwa.org.au)



## Privacy Information:

ICCWA respects your privacy. The information you have supplied will only be used for the purposes of addressing the aims of WACAN. In line with the Privacy Act 1988, ICCWA will store all personal information in a secure manner to be accessed by authorised staff only. The organisation will take reasonable steps to ensure that the information it collects, uses or discloses is accurate, complete and up-to-date. Your contact details will only be shared with other members of WACAN if you have given permission for us to do this. You have the right to access the personal details held and, if applicable, make corrections. When personal information is no longer required by the organisation it will be disposed of confidentially. If you wish to have your name removed from the WACAN list, contact Manager, Alcohol Projects and your name and contact details will be removed immediately.