



RETURN TO:
Variety NT
GPO Box 4224, Darwin NT, 0801
Ph: (08) 8981 2544
Fax: (08) 8941 5373
Email: variety@varietynt.org.au

2016 – 2017 Membership Application / Renewal

*Empowering Northern Territory children who are sick, disadvantaged
or have special needs to live, laugh and learn.*

This application form is for new and existing members. New member applications must be nominated by current financial members. Costs are annual, inclusive of GST and due on the 1st October each year.

CATEGORY CLASSIFICATION

- (1) **Ordinary Members** shall be entitled to a vote of equal value at all general and special meetings of the Association. Ordinary Members shall be at least 18 years of age – **fee \$30.00 per annum.**
- (2) **Family members** apply to households where a husband/wife and partner reside. Both parties must be at least 18 years of age however only one member shall be entitled to a vote of equal value at all general and special meetings of the Association. If the household member holding voting rights is unable to attend any meeting, he/she may pass that vote to his/her partner by proxy for that meeting – **fee \$50.00 per household per annum.**
- (3) **Associate members** include those aged under 18 years and others determined by the Board at any time. Associate Members cannot vote but may have other rights as determined by the Board, or by resolution at a general meeting. Associate Members shall not be restricted by age and include corporate and business supporters – **fee \$30.00 per annum.**
- (4) **Life Members** shall be entitled to a vote of equal value at all general and special meetings of the Association. Life membership is determined by the Board of Management at any time, after nomination by a current financial member, and bestowed upon any member for services to Variety.

- I wish to apply for:
- | | |
|---|---|
| <input type="checkbox"/> New Ordinary Membership | <input type="checkbox"/> Renewal Ordinary Membership |
| <input type="checkbox"/> New Family Membership | <input type="checkbox"/> Renewal Family Membership |
| <input type="checkbox"/> New Associate Membership | <input type="checkbox"/> Renewal Associate Membership |

Personal details

Title (please circle): Mr Miss Ms Mrs Dr

Surname: Given Name(s):

Residential address:

..... Post Code:

Postal address (if different): Post Code:

Ph (H): (W): (M):

Email:

Signature: Date:



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New member nomination

Nominated by:

Name.....Signature.....Date.....

Seconded by:

Name.....Signature.....Date.....

How did you hear about membership of Variety NT ?

Payment details

Payment of \$..... to be made by

Direct Deposit: BSB: 035 302 Account: 251083. Reference: Membership, your name.

Credit Card

Mastercard/Visa card number:

In the name of: Expiry: ccv:

**Thank you for your membership.
It is most important to the ongoing success and sustainability of Variety NT.**

Office Use only
Receipt no: Reference no: Date: Signed: