

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

2019-2020 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.

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		<u>C</u>	ATEGO	RY CLAS	SIFICA	TION_				
(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.										
at least 18 years of and special meeting	age however gs of the Asso e may pass th	only one ociation.	e memb If the ho	er shall ousehol	be ent d mem	e and partner reside. Both parties must be itled to a vote of equal value at all general aber holding voting rights is unable to attender for experience or experience.				
time. Associate Me	mbers canno eral meeting.	ot vote bu Associa	ut may h te Mem	nave oth bers sha	er righ	others determined by the Board at any others determined by the Board, or by be restricted by age and include corporate				
Association. Life me	embership is	determi	ned by t	he Boar	d of M	I general and special meetings of the lanagement at any time, after nomination bor services to Variety.				
I wish to apply for: ☐ New Ordinary Membership☐ New Family Membership☐ New Associate Membership						☐ Renewal Ordinary Membership☐ Renewal Family Membership☐ Renewal Associate Membership				
Personal details										
Title (please circle):	Mr	Miss	Ms	Mrs	Dr					
Surnama:			Givor	n Namel	'c)·					

Personal details						
Title (please circle):	Mr	Miss	Ms	Mrs	Dr	
Surname:			. Giver	n Name(s):	
Residential address:						
						Post Code:
Postal address (if differen	t):					Post Code:
Ph (H):		(W):				(M):
Email:						
Signature:						Date:



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The Variety Newsletter can be downloaded from the Variety NT website or can be sent to you via email when available. Would you like to receive it via email: \square Yes \square No						
New member nomination						
Nominated by:						
NameDateDate						
Seconded by: Name						
How did you hear about membership of Variety NT ?						
Payment details						
Payment of \$ to be made by						
☐ Direct Deposit: BSB: 633000 Account: 161961693. 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:						