

## 2020-2021 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 1<sup>st</sup> 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:	New Ordinary Membership	Renewal Ordinary Membership
	New Family Membership	Renewal Family Membership
	New Associate Membership	Renewal Associate Membership

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



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:  $\Box$  Yes  $\Box$  No

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: 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: