

Associate Membership



ASSOCIATE MEMBERSHIP APPLICATION 2016 - 2017

Membership period 1 October 2016 - 30 September 2017

Title First Name Last Name
Home Address

Phone Details (W) (M) (H)
Email
Birth Date Occupation
Company
Company Address

Please send my mail to Home Address Work Address

I hereby apply to become an Associate member of Variety - the Children's Charity of Victoria (Tent 77) and agree to abide by the Rules of the organisation.

Applicant's Signature

As a Member of Variety - the Children's Charity of Victoria I certify that this applicant is known to me and is suitable and qualified for membership of Tent 77.

Proposer	<input type="text"/>	Signature	<input type="text"/>
Secunder	<input type="text"/>	Signature	<input type="text"/>
Dated this	<input type="text"/>	Day of	<input type="text"/>

Application Fee \$50.00 + Annual Fee \$50.00 – Total Fee \$100.00

Payment Details Total Fee \$

Method of Payment (please tick): Cash Cheque Money Order EFT
Please charge my credit card: Visa Mastercard AMEX
Westpac Bank Details BSB 033-018 A/C 260338 (please include Members Name on transaction description)

Name on Card:

Card Number: Expiry Date: /

Cardholder's Signature:

For all enquiries and to return completed forms with payment please contact Variety on the details below:

Office Address: H71, 63-85 Turner Street , Port Melbourne VIC 3207
Mailing Address: PO Box 1076 South Melbourne VIC 3205
Telephone: 03 8698 3900 Fax: 03 8698 3933
Email: accounts@varietyvic.org.au Website: variety.org.au/vic
ABN 80 145 257 414

Helping Kids be Kids