Associate Membership Application



Membership period 1 October 2017 - 30 September 2018

Title	First Name	me Last Name		
Home Address				
Phone Details	(W)	(M)	(H)	
Email				
Date of Birth		Occupation		
Company				
Company Addre	255			
Please send my		Address 🗌 Work Addre		
	to become an Associat by the Rules of the org	e member of Variety – the canisation.	Children's Charity of Vi	ctoria (Tent 77) and
	-,	Applicant's Signate	Ire	
		n's Charity of Victoria I cert	ify that this applicant is	s known to me and is
Proposer	alified for membership	Signat	ure	
Seconder		Signat		
Dated this		Day of	F	
Application Fee	\$50.00 + Annual Fee	\$50.00 - Total Fee \$100.0	0	
Payment Detail			-	EFT Weetnas Pank Details
-		Cash Cheque		Westpac Bank Details BSB 033-018 A/C 260338
Please charge my ci	_	Visa Mastercard		(please include Members Name on transaction description)
Name on Card:				
Card Number:			Expiry Da	te:
Cardholder's Signa	ture:			

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

Variety – the Children's Charity Victoria ABN 80 145 257 414 H71, 63 Turner Street, Port Melbourne, VIC, 3207. PO Box 1076, South Melbourne, VIC, 3205. P. (03) 8698 3900 | E. info@varietyvic.org.au | variety.org.au | facebook.com/varietyvic | twitter.com/varietyvic | instagram.com/varietyvic