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