



Personal detai	İs		
Title _	Name	Name	
Address _		P/code	
Phone I	Mobile		
Email _			
Occupation _		Company	
Please let us k	now what information you'd like	to receive from us (select as many as appropriate)	
Corpora	donations te fundraising / sponsorship sing event invitations ering	Monthly e-newslettersMotoring eventsWorkplace givingOther:	
		y Financial Members of Variety WA	
Member proposing		Signature	
Member secor	nding	Signature	
I wish to pay my \$	375 inc gst membership fee b	у	
	O Cheque O Cash	○ Credit card ○ EFT BSB 036-037, A/C 346472	
Card type	O Visa O Amex	O Diners O Mastercard	
Card Number		Expiry Date: /	
5 5	nembership of Variety WA Inc, Te ation of membership is from 1st	ent 74 and agree to abide by its Rules of the Association. I October until 30th September.	
Signature		Date	
Office use only B	oard Approval	Receipt No	
A fee of 2% and 3.5	5% will be charged for Amex and	Diners Cards respectively.	
Please return to Va	riety WA, PO Box 669, VICTOR	IA PARK WA 6979 or fax to: 9355 5122	

Privacy Collection Statement: Your privacy is respected by Variety. The personal information you provide on this form will be used to assess your eligibility or for the administration of your membership with Variety, the Children's Charity (WA). We may contact you to promote our fundraising events and activities, but will not pass your details onto any third party unless required or authorised by law. If you do not provide the information requested your application for membership may not be processed. If you have any privacy concerns or would like to verify information held about you please contact Variety WA. ABN 14 020 124 537.