

Variety WA Membership Application Form



Personal details

Title _____ First Name _____ Surname _____

Address _____ Suburb _____

Postcode _____ Contact Number _____

Email _____ DOB _____

Occupation _____ Company _____

I am interested in receiving information about:

- | | |
|--|---|
| <input type="radio"/> Motoring events | <input type="radio"/> Fundraising |
| <input type="radio"/> Corporate events | <input type="radio"/> Learning more about leaving a gift in my will |
| <input type="radio"/> Regular giving | <input type="radio"/> Where my money goes |
| <input type="radio"/> Volunteering | |

Nomination

Applicants must be proposed and seconded by Financial Members of Variety WA

Member proposing _____ Signature _____

Member seconding _____ Signature _____

Please note; membership with Variety - the Children's Charity of WA must be approved by the Variety WA board before payment is processed.

I hereby apply for membership of Variety WA Inc, Tent 74 and agree to abide by its Rules of the Association. I understand the duration of membership is from 1st October until 30th September.

Signature _____ Date _____

Please return to Variety WA, PO Box 669, VICTORIA PARK WA 6979

Office use only

Board Approval _____ Receipt No _____

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.

102 Burswood Road, Burswood WA 6100

(08) 9355 3655 w. varietywa.org.au e. finance@varietywa.org.au

