

# Associate Membership Application



Date of application: \_\_\_\_\_

Referring Committee: \_\_\_\_\_

Please complete the form below and return it to the Company Secretary (companysecretary@variety NSW.org.au).

Title  First Name  Last Name

Home Address

Phone Details  (W)  (M)  (H)

Email

Date of Birth  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 (NSW/ACT)** (Tent 56) and agree to abide by the Rules of the organisation.

**Applicant’s Signature**

As an existing Committee Member of \_\_\_\_\_ Variety – The Children’s Charity (NSW/ACT) I certify that this applicant has been approved by at least two-thirds of the relevant committee members who vote and therefore qualified for associate membership of Tent 56.

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Role in Committee** \_\_\_\_\_

**Dated this** \_\_\_\_\_ **Day of** \_\_\_\_\_

The Company Secretary will review this application form and may request further information if necessary. Once the review is complete and everything is in order, an annual membership fee apply. An annual membership fee will be charged, with the option to pay either \$60 for one year or \$250 for five years.

**For all enquiries and to return completed forms please contact Variety on companysecretary@variety NSW.org.au.**