

Associate Membership Application



Date of application: _____

Referring Committee: _____

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 _____

Annual Membership Fee 1 Year \$60 or 5 years \$250.

Payment Details Total Fee \$

Method of Payment (please tick):

Please charge my credit card: ☐ Visa ☐ Mastercard ☐ AMEX

Name on Card:

Card Number: Expiry Date: /

Cardholder's Signature:

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