Standard Membership Application



Date of applic	cation:		_	the children's charity
Title	First Name	La	st Name	
Home Address				
Phone Details	(W)	(M)	(H)	
Email				
Date of Birth		Occupatio	n	
Company				
Company Address				
Please send my n	nail to Home A	Address	ress	
56) and agree to As an existing Me	abide by the Rules of	e Children's Charity (NSV	nt's Signature	applicant is known to me a
Proposer		Signat	ure	
Seconder		Signat	ure	
Dated this	Day	of		
Application Fee \$ Payment Details		ership Fee 1 Year \$120 o	r 5 years \$500.	
Method of Payment (Please charge my cr	· —	Visa Mastercard	AMEX	
Name on Card:				
Card Number:			Expiry Da	ite: /
Cardholder's Signatu				

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