

ASSOCIATE MEMBERSHIP



variety
the children's charity

ASSOCIATE MEMBERSHIP APPLICATION 2013 -2014

Membership period October 1 2013 - September 30 2014

Title First Name Last Name

Mailing Address

Phone Details (W) (M) (H)

Email

Birth Date Occupation

Company

Company Address

Please send my mail to Home Address Work Address

I hereby apply to become an Associate member of Variety Victoria the Children's Charity (Tent 77) and agree to abide by the Rules of the organisation.

Applicant's Signature

As a Member of Variety Victoria the Children's Charity I certify that this applicant is known to me and is suitable and qualified for membership of Tent 77.

Proposer	<input type="text"/>	Signature	<input type="text"/>
Secunder	<input type="text"/>	Signature	<input type="text"/>
Dated this	<input type="text"/>	Day of	<input type="text"/>

Application Fee \$50.00 / Annual Fee \$50.00 – Total Fee \$100.00

Payment Details Application Fee \$50 Annual Fee \$50 Total \$ EFT
Westpac Bank Details
BSB 033-018 A/C 26-0338
(please include Members Name
on transaction description)

Method of Payment (please tick): Cash Cheque Money Order
Please charge my credit card: Visa Mastercard AMEX

Name on Card:

Card Number: Expiry Date: /

Cardholder's Signature:

If you have any questions please call the Variety office on (03) 8698 3900 or email info@varietyvic.org.au

Please return completed forms and payment to:

Variety Victoria – the Children's Charity PO Box 1076 South Melbourne Vic 3205

H71, 63-85 Turner Street , Port Melbourne VIC 3207 Mailing Address: PO Box 1076 South Melbourne VIC 3205
Ph: 03 8698 3900 Fax: 03 8698 3933 info@varietyvic.org.au variety.org.au ABN 80 145 257 414

OFFICE USE ONLY

Job Code: MEM14

Receipt number:

Member Number:

Date: