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 info	rmation about:			
 Motoring events Corporate events Regular giving Volunteering 		Fundraising Learning more about leaving a gift in my will Where my money goes		
omination Applicants must be nominated by another member of Variety WA				

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 (08) 9355 3655 w. varietywa.org		.au	