



PO Box 1235, MARLESTON SA 5033  
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 Email: info@variety.org.au

**YVARIETY MEMBERSHIP APPLICATION**

MR/MRS/MISS/MS: SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_ PARTNER'S NAME: \_\_\_\_\_

PRIVATE ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I hereby apply for membership of Variety – The Children’s Charity, Tent 75 South Australia and agree to abide by the Rules of the Association. Enclosed is my payment for \$40.00 being for annual membership (incl. GST)

APPLICANT'S SIGNATURE: \_\_\_\_\_

Thank you for your support. We look forward to you and your friends joining us at our functions throughout the year. Correspondence will be forwarded via email.

PLEASE RETURN COMPLETED FORM AND YOUR CHEQUE TO ABOVE ADDRESS OR

Debit my:            Mastercard     Visa     Amex

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Expiry date \_\_\_ / \_\_\_ Name on Card (please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY:

Received \$ _____	Date _____ / _____ / _____
Receipt No _____	Membership No. _____