

Association membership renewal form.

Gender:					
<input type="checkbox"/> Female <input type="checkbox"/> Male (<i>Associate member - no voting rights</i>) <input type="checkbox"/> Non-binary/ Gender fluid <input type="checkbox"/> Different Identity					
I				(full name of applicant)	
of				(address)	
				(occupation & place of employment)	
		(phone)			(mobile)
				(email)	
<p>hereby apply to renew my membership of the above named Incorporated Association. In the event of my admission as a member, I agree that I have read and agree with the objectives of the Association and agree to be bound by the rules of the Association for the time being in force.</p> <p>As a member I understand that any other member of the Association may review and request a copy of the Association's Membership Register. As a member I understand that my name must be provided to any member who makes such a request. The other information recorded on the membership register is my address, telephone and email contact details, the date of my initial approval as a member of the Association and my current financial status in relation to my membership.</p> <p>I give permission / do not give permission for this information to be made available. (please cross out the option you do not choose)</p>					
		(Signature of applicant)			(Date)
Are you affiliated with any organisation which may be of interest to our organisation? <input type="checkbox"/> No <input type="checkbox"/> Yes please provide details					
1					
2					
3					

Please complete payment details on reverse.

PAYMENT DETAILS (Credit card details will be shredded after processing)																			
Annual Membership fee - \$20 – Waged / \$10 – Unwaged (includes GST)	\$																		
Donation (tax deductible over \$2)	\$																		
Total	\$																		
<input type="checkbox"/> Cash																			
<input type="checkbox"/> Cheques are payable to Rape & Domestic Violence Services Australia																			
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard																			
Card No.:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> </tr> </table>																		
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		/																	
Cardholder Name:																			
Cardholder Signature:																			

Complete and email to info@rape-dvservices.org.au or

post with payment to:

Rape & Domestic Violence Services Australia

PO Box 555, Drummoyne NSW 2047