

# AUSTRALIA VIETNAM VOLUNTEERS RESOURCE GROUP INC

## APPLICATION FOR NEW MEMBERSHIP AND RENEWAL OF MEMBERSHIP

Name:		
Current address:		
City:	State:	Post Code:
Phone:	Mobile:	
Email:		

I.....:

Hereby apply to become a member of AVVRG Incorporated and upon acceptance as a member, I agree to be bound by the constitution of AVVRG as presented on the AVVRG website ([www.avvrg.org.au](http://www.avvrg.org.au)). I also agree that if I fail to renew my membership in any year, I will automatically cease to be a member, 3 months after the commencement of the financial year.

.....  
 Signature of applicant Date

### PAYMENT DETAILS

Annual Membership Fee: (1 July – 30 June)	\$	40.00
Donation to: <i>(Please tick selection)</i>		
<input type="checkbox"/> <u>AVVRG Projects:</u> <input type="checkbox"/> <u>VIC Health Team:</u> <input type="checkbox"/> <u>QLD Health Team:</u> <input type="checkbox"/> <u>NSW Education Team:</u>	\$	
<input type="checkbox"/> <u>SA Dental Care Team:</u>		
Total Amount Remitted:	\$	

I wish to pay by: *[Mark Payment Option]*

CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/> (Payable to AVVRG)	DIRECT DEBIT <input type="checkbox"/> BSB 012-403 A/c No. 2813-25011 Acct. AVVRG Inc.
-------------------------------	---	--

MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>
-------------------------------------	-------------------------------

Credit Card Number: .....

Card Expiry Date: ...../.....	Card Verification Value (CVV): .....
-------------------------------	--------------------------------------

Full Name on Card:  
 .....

Card Holders Signature:	Date:
-------------------------	-------

Mail to: Secretary, AVVRG Inc. PO Box 754 Freshwater NSW 2096

### OFFICE USE

Membership No:	Date:	Receipt No.
----------------	-------	-------------