**APPLICATION FORM FOR RENEWAL OR NEW MEMBER**

**THE ANGLO-INDIAN AUSTRALASIAN ASSOCIATION OF VICTORIA, INC**

**MEMBERSHIP VALID FROM 1st Jan 2021.......31st Dec 2021......**

**Website: www.angloindianassociationvic.com.au**

**NEW MEMBERSHIP FEES APPLICABLE FROM 1st January 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Family Name | Given Names | Spouse Name |
| Mr./Mrs/Ms/Miss |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Street Name | Suburb | State | Post Code |
|  |  |  |  |  |

Telephone: Mobile:

Email:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of children u/18yrs and Date of Birth | 1. | 2. | 3. |

**ENROLMENT FEES FOR NEW MEMBERS/ RENEWAL OF EXISTING MEMBERSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Victoria** | **Interstate** | **Enrolment fee for New Members** |
| Family | $50.00 | $30.00 | $10.00 |
| Adult | $25.00 | $15.00 | $10.00 |
| Pensioner | $20.00 | $10.00 | $10.00 |

ADVANCE “ONE PAYMENT” MEMBERSHIP FEES (DATE OF BIRTH REQUIRED)...This payment entitles the member of membership to a membership till death or until he/she resigns from the Association, with No Obligation to pay any further membership subscription the “One Payment”.

**LIFE MEMBERSHIP FEES**

|  |  |  |
| --- | --- | --- |
| **TYPE** | **PER PERSON** | **PER COUPLE - FAMILY** |
| **Applicant 30 years and over (Family and dependent children)** | $300.00 | $500.00 |
| **Applicant 50 years and over** | $200.00 | $300.00 |
| **Applicant 65 years and over** | $100.00 | $200.00 |

Complete the form and attach Cheque/Money Order made out to the:

ANGLO-INDIAN AUSTRALASIAN ASSOCIATION OF VICTORIA, INC and mail it to the address below:

I hereby apply for Annual/One Payment membership: The ANGLO-INDIAN AUSTRALASIAN ASSOCIATION OF VIC INC. Should my application be successful, I agree to abide by the rules of the Association currently in place.

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Proposer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP DISCOUNTS ARE ONLY AVAILABLE AFTER A PERIOD OF ONE YEAR**

**MEMBERSHIP IS PERSONAL AND NOT TRANSFERABLE**

**RETURN FORM TO: P.O BOX 2206, OAKLEIGH, VICTORIA 3166**