

# Membership Application Form

## Personal details

Title	First Name	Surname
D.O.B.	Phone	Email
Address	Suburb	Postcode
Occupation	Company	

I am interested in receiving information about:

- |   |  |
|---|--|
| <input type="checkbox"/> Motoring events  | <input type="checkbox"/> Fundraising                                   |
| <input type="checkbox"/> Corporate events | <input type="checkbox"/> Learning more about leaving a gift in my will |
| <input type="checkbox"/> Regular giving   | <input type="checkbox"/> Where my money goes                           |
| <input type="checkbox"/> Volunteering     |  |

## Nomination

Applicants must be proposed and seconded by Financial Members of Variety WA

Member proposing	Signature
Member seconding	Signature

**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
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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.