

# Individual

Status  new member  renewal

Type  individual  individual concession

PLEASE CIRCLE MISS/ MS / MRS / DR / MR / OTHER

.....  
**FULL NAME** PLEASE UNDERLINE YOUR FAMILY NAME

.....  
**PREFERRED NAME** FOR CORRESPONDENCE

.....  
**POSTAL ADDRESS** STREET NO & NAME/PO BOX

.....  
SUBURB / CITY COUNTRY POSTCODE

.....  
**TELEPHONE** BH AH

.....  
**FACSIMILE** BH AH

.....  
**EMAIL**

**Please indicate any skills, expertise, resources you could offer to the VFA**

.....  
.....

As a member of the Victorian Folklife Association, I agree to abide by the rules and by-laws of the association

.....  
SIGNED DATE

## FOR OFFICE USE

.....  
RECEIPT NUMBER DATE

.....  
MEMBERSHIP NUMBER