

Corporate

Status new member renewal

Type individual individual concession

.....
NAME OF ORGANISATION

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

.....
SUBURB / CITY COUNTRY POSTCODE

.....
REPRESENTED BY POSITION ORGANISATION

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

.....
TELEPHONE BH AH

.....
FACSIMILE BH AH

.....
EMAIL

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

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.....
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