

# 2010–2011 Individual New and Renewing Membership Form



## Membership Status

**Existing Member:** Membership Number (if known): \_\_\_\_\_  **New Member**

## Membership Category and Fee

Please select your Membership Category and tick a fee option box. Membership includes all benefits, voting rights and priority of access to all services.

**Individual Membership** \$50.00

## How do I pay?

The Centre for Volunteering has moved to a new streamlined payment system that allows Members to pay by BPay, credit card online or by phone, or in person at any Australia Post outlet.

You will be sent a personalised invoice for your organisation which allows The Centre to track your payments and process your Membership applications efficiently

Membership Fee \$50.00

Donation \$ \_\_\_\_\_

Please invoice me for Total Amount \$ \_\_\_\_\_

The membership fee amounts do not include GST as our memberships have been deemed to be a GST-free supply under the relevant provision of the GST legislation. The Centre for Volunteering is registered for GST and our ABN is 28 002 416 024

## Your contact details

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Your address

Street Name and No.: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address/PO BOX: \_\_\_\_\_  
(If different from above)

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Communications Options

Privacy Policy: As a member of The Centre for Volunteering your information will not be passed on to third parties without your written permission.

Please subscribe me to The Centre's free e-newsletters:  
 *The Voice of Volunteering*  *SVM e-news*  *Volunteer Life*

Please update my existing subscription/s with my new details for:  
 *The Voice of Volunteering*  *SVM e-news*  *Volunteer Life*

I wish to receive email membership updates from The Centre.

## Checklist

I understand that Membership is renewed annually on 1 July and I will be sent an account for renewal in each subsequent year

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Office Administration Use Only:

Details Entered  Banked & Copy to Accounts  Member Email Sent  Departments Advised  
 Insurance Attached  Receipt Issue Date: \_\_\_\_\_  File Form & Attachments