



ABN: 41 473 082 653

VICTIMS OF CRIME ASSISTANCE LEAGUE (ACT) INCORPORATED
APPLICATION FOR MEMBERSHIP / RENEWAL

I,
(Mr.Mrs.Ms.Miss) (Given Name) (Surname)

of
(address)

E-mail:

Telephone: (Home).....(Work).....(Mobile)

I desire to become a member of VOCAL (ACT) **New Member: Yes/No** **Renewal: Yes/No**
In the event of my admission as a member, I agree to be bound by the rules of VOCAL for the time being in force.

Signature of Applicant:.....

Date:.....

MEMBERSHIP FEES
(Please tick appropriate box)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Individual \$25 (1 year) | <input type="checkbox"/> \$70 (3 years)** | <input type="checkbox"/> Family \$40 (1 year) * | <input type="checkbox"/> \$100 (3 years)** |
| <input type="checkbox"/> Pensioner \$15 (1 year) | <input type="checkbox"/> \$30 (3 years)** | <input type="checkbox"/> Corporate Organisation \$75 | <input type="checkbox"/> \$200 (3 years)** |
| <input type="checkbox"/> Donation \$..... | | | |

* List family members for inclusion in Membership:

** A 3-yearly subscription entitles you to a discount.

Indicate if you are willing to become a volunteer:

I/We enclose one/three year's subscription herewith. **Subscriptions are due on 1 July of each year.**
Subscriptions paid on or after 1 May, cover membership from that date till the end of the next financial year.

(Return completed form with cheque or money order to VOCAL (ACT), 1 Iluka Street, NARRABUNDAH, ACT 2604.

You may pay **in person in cash, by cheque** written to VOCAL (ACT) Inc, **by bank transfer** to our bank a/c n° 062-908 1024 3045 or to our PAYPAL a/c n° 062-908 1065 8558.

If a receipt is required, please enclose a stamped addressed envelope with your application. For information about becoming a volunteer, a committee member or other information please call us on 6295 9600. VOCAL thanks you for your support and donation.

Donations of \$2 or more are Tax Deductible