

Membership Form for 2011



ABN: 42 349 509 031

This document will be a Tax Invoice when you make your payment.

Please complete and return with the appropriate fee to the address on the bottom of this form.

Receipt No: _____

Please tick: **New Membership** or **Renewal of Membership**

Title: _____ Name: _____

Organisation: _____

Address: _____

Postcode: _____ Telephone: _____

MEMBERSHIP FEES (Include GST)

Fees are due from 1 January each year. Fees paid on or after 1 November cover membership from that date until the end of the next financial year.

Individual	\$ 22 <input type="checkbox"/>	Community / Government Organisation	\$ 52 <input type="checkbox"/>
Individual Concession	\$ 17 <input type="checkbox"/>		
Family	\$ 27 <input type="checkbox"/>		
Family Concession	\$ 22 <input type="checkbox"/>		

DONATION \$ _____ **Is a receipt required?** Yes No
Donations of \$2 or more are tax deductible

PAYMENT Cash Cheque Money Order
Visa Mastercard

Cardholder Name: _____

Card No: _____

Expiry Date: _____ Amount: \$ _____

Signature of Cardholder: _____

11 Halifax Street, (PO Box 6610, Halifax St.) Adelaide 5000
Telephone: 8231 5626 **Toll free:** 1800 182 368 **Fax:** 8231 5458
Email: info@victimsa.org **Website:** www.victimsa.org