



Australian American Association, Victoria

www.australianamerican.org

'To foster friendship and understanding between the people of Australia and the United States of America'

2020 Membership Application

MEMBERSHIP FEES

	General	Concession**	Corporate***
Single:	\$80.00	\$40.00	N/A
Family*:	\$100.00	\$50.00	N/A
Business:	N/A	N/A	\$1,000.00

*Family Membership consist of two Adults and Children under the age of 17 (not working)

**Available for full time students, unemployed and pensioners -

***Business Sponsors, with attendance and advertising rights

Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Postal Address	Street:	
	Suburb:	Postcode:
Contact Phone Number	Home:	Mobile:
Email Address		
Membership Type	General: <input type="checkbox"/> Single <input type="checkbox"/> Family Children under the age of 17 (not working) Concession*: <input type="checkbox"/> Single <input type="checkbox"/> Family *Concession Type: <input type="checkbox"/> Full Time Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Pension Corporate: <input type="checkbox"/> Business	
Partner/Spouse Name (Family Memberships)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Children's Names (Family Memberships)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Date of Birth:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Date of Birth:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Date of Birth:	
Total Payable	\$	

MEMBER DETAILS: Please complete using capital letters

PAYMENT OPTIONS:

Cheque: Made payable to: Australian American Association (Vic) and Mail to Address Below,

Bank Transfer: Bank CBA - BSB Number: 063307 Account: 10169603
 Account Name: Australian-American Association Inc. Reference: (Please write your name in full)
 Your Transfer Receipt Number: _____

or - **Credit Card Payments:** "Could you ensure that all the required information is clearly filled in":

Please charge \$ _____ to my card as follows: Name on Card: _____

Card Type: Visa / MasterCard - Only (Please circle)

Card Number:

Expiry Date: ____/____ Security code: _____ Signature: _____

Could you please return your completed membership application form via Email (PDF) or Mail to address below:
 Once again "THANK YOU" for your support and look forward to catching up at one of our events.

Australian American Association (VIC)

12 Lake Boga Ave, Deer Park, VICTORIA 3023, AUSTRALIA.

Mobile: +61 419 381 479 - **Phone:** +61 3 9363 7502 - **Email:** samcjm@bigpond.com