



www.aiav.org.au

Australian Indonesian Association of Victoria Inc

A0028347E ABN 46 660 486 306

PO Box 527

CARLTON SOUTH Vic 3053

treasurer@aiav.org.au

MEMBERSHIP APPLICATION FORM

I/We wish to: Become a member of AIAV
 Renew my membership for the year of 1 March 20__ to 28 February 20__
 Notify change of address or other details
 (please tick)

Name

In the case of an organisation (eg. School) please give the name of a contact person.
In the case of a household, please give the names of all the people included in this membership

Address

Telephone (Home) **(Work)** **(Mobile)**

Email Address

Occupation **Date of 16th Birthday (if Junior Member)**

Signed

I enclose a () cheque () money order () EFT (see below for instructions)
For the sum of **\$39 ordinary/organisation/school membership**

\$24 Health Care Card Holder, Full-time Student, Member under 16
[Please provide photocopied proof of eligibility for concession:
E.g. Health Care Card, Student Card]

\$54 Household Membership [Resident at the same address]
Please include the names of all people included in the membership
The first named person holds the voting rights
(GST component \$0.00)

Payment by EFT Bank: National Australia Bank
 Account name: Australian Indonesian Association of Victoria Inc.
 BSB: 083170
 Account number: 832706372
 Essential: Identify your transaction with your name or your telephone number

How did you first hear about the Association?.....

How would you prefer to receive your copy of the AIA News?
() In hard copy via post () Electronically via Email

Do you have any skills, talents or contacts that may help in advancing the Association?
.....

Please mail to: The Treasurer, AIAV, PO Box 527, CARLTON SOUTH VIC 3053.