

VCFS Foundation of NSW

MEMBERSHIP FORM

All members receive a quarterly magazine, contact list, can attend meetings, attend the annual conference, receive minutes and if over 18 years old have the right to vote on foundation matters and elect board members.

Please tick

NEW APPLICATION		RENEWAL	
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DETAILS (Please write clearly)

NAME			
ADDRESS			
SUBURB		POSTCODE	
PHONE	(H)	(M)	
EMAIL			
My interest in VCFS is Personal/professional	Please specify		

AFFECTED INDIVIDUALS OPTIONAL INFORMATION

NAME	GENDER	DOB

Privacy of information

Information included in this form will be made available, as appropriate, to the board of the VCFSFNSW for the purposes of running foundation activities and producing the newsletter. This includes publishing a birthday list, naming individuals in reports of social events or labelling photographs taken at functions. The newsletter is distributed to our membership and contact list. Please indicate below whether or not you agree to your family's details being used in these ways.

DELETE AS APPLICABLE: (this section must be completed to activate membership)

I **do / do not** give permission for the information provided above to be used by the foundation board in the quarterly magazine.

I **do / do not** give permission to receive fundraising materials such as raffle tickets, invitations to dinners for the purpose of fundraising.

Please **do / do not** include my details on the contact list. (The contact list is given to all financial members.

Many parents have benefited from using this list to share information and experiences and arrange social activities.)

I **do / do not** give permission for the foundation to contact me on behalf of professionals researching VCFS.

Signature _____ Date _____

ANNUAL MEMBERSHIP FEE IS \$20

Please **enclose \$20** in the form of a cheque or money order made payable to VCFSFNSW or fill in credit card details below which will cover membership until **30 June 2009**.

**POST THIS COMPLETED FORM WITH PAYMENT TO
MEMBERSHIP
47 Third Avenue Willoughby NSW 2068
www.vcfsfa.org.au**

PLEASE BILL MY CREDIT CARD THE AMOUNT OF..... \$20.00 (for membership)

I WOULD ALSO LIKE TO DONATE..... (donations over \$2 are tax deductible)

TOTAL.....

Credit Card Authorisation

Mastercard or Visa (Please circle) Card Number _____

Cardholders Name _____

Signature _____ Expiry _____ / _____