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# Membership Application

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| Applicant’s details | |
| **Title** |  |
| **First Name** |  |
| **Surname** |  |
| **Address** |  |
| **Phone number** |  |
| **Email address** |  |
| Membership option | |
| I would like to pay for:  * Option 1: $25 One Year Membership * Option 2: $60 Three Year Membership | |
| Payment details | |
| Enclosed is payment of $\_\_\_\_\_\_\_\_\_\_   * I enclose a cheque (please make cheques payable to Vision Australia Limited) * Please charge my credit card * EFT Payment: National Australia Bank (NAB) – BSB 083-004 / Account 01-594-7539 | |

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| **Type of Card** |  |
| **Cardholder’s name** |  |
| **Card Number** |  |
| **Expiry Date** |  |
| **Signature** |  |

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| Declaration |
| I acknowledge the criteria and conditions of Member as specified overleaf |
| **Signature** |
| **Date** |
| Please return form to |
| Company Secretary, Vision Australia Limited, 454 Glenferrie Road, Kooyong, Victoria 3144 |
| Standard print is the default format, please indicate if an alternative format is required |
| □ Large Print □ Audio □ Daisy □ Braille  □ Email |
| Annual report |
| Vision Australia will supply members with access to its annual financial, directors and auditors reports online rather than in hard copy format. This change is in line with modern business practice. If you do not have access to the internet or would prefer to receive a hard copy of the report please contact Vision Australia on 1300 84 74 66 with your request. All Annual Reports can be downloaded from [*Annual Reports*](http://www.visionaustralia.org/annualreports) |
| Criteria and Conditions |
| I have attained the age of eighteen years and wish to apply to become a member of Vision Australia and be bound by, and observe the provisions of the Vision Australia’s Constitution.  I acknowledge that the information provided in this application form will be used only for the purpose of administering the requirements of members under Vision Australia’s Constitution. Any personal information collected by Vision Australia will be handled in accordance with the Australian Privacy Principles (APPs) outlined in the Privacy Act and any applicable state or territory legislation.  I am aware I can request access to the personal information Vision Australia holds about me. I agree that my personal information can be used or disclosed by Vision Australia as contemplated by/in this form. For further information please refer to Vision Australia’s [*Privacy Policy*](http://www.visionaustralia.org/about-us/who-we-are-and-what-we-do/governance/core-policies/privacy-policy)*.*  I understand that I do not become a member until my membership application is received by the Company Secretary and approved by the Board of Directors and have paid the membership fee.  All membership application and renewal fees are due and payable from 1 January of the relevant year.  I request that any notice required or permitted to be given to me by law or under the Vision Australia Constitution should be communicated to me in the following form. I would like all correspondence to be provided in the format indicated below. |

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| Office use only | |  |  |
| Date received by Company Secretary | Membership No./ Reference number | New Expiry Date | | |