**APPLICATION FOR MEMBERSHIP RENEWAL**

**1 JULY 2019 to 30 JUNE 2020**

I wish to renew my membership of Victims of Crime NT Inc and hereby agree to be bound by the Constitution, By-Laws and Policies of the Association for the term of my membership.

|  |  |  |
| --- | --- | --- |
| Name in Full | | Preferred title |
| Home Address | | Postcode |
| Postal Address | | Postcode |
| Email Address | Fax No | |
| Phone: Home | Mobile | |
| Signature of Applicant | | Date |

**Annual Membership Fee is $5.00**

Payment options:

Cash ⃝ (to be paid at VoCNT office located at Level 2, 71 Smith St Darwin)

EFT ⃝ (please include ‘member and your name’ as reference)

Victims of Crime NT Inc.

Account No: 286680303

BSB: 015901

OFFICE USE ONLY

Membership renewal for ……………………………………...……………………processed and fee received

Signature of Secretary……………………………………………………………. Date………...………………………….