

APPLICATION FOR NEW MEMBERSHIP
1 JULY 2020 to 30 JUNE 2021
 Individual Organisation

Reference: GOV
 Title: GOV Document –
 Application for new
 membership
 Version: 2
 Date: 18/06/2020

To the Board
 Victims of Crime NT Inc.

I/we wish to apply for 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 this membership.

Individual: Name in Full OR Organisation Name: Nominated organisational representative:		Preferred title:
Home Address:		Postcode:
Postal Address:		Postcode:
Email Address:		
Phone: Home	Mobile	
Signature of Applicant:		Date:
Position (for organisation membership):		
Nominated by: (this must be a current and financial VoCNT member) Name: Signature:		Date:

Admission to membership of Victims of Crime NT Inc. is at the discretion of the Board
Annual Membership Fee is \$20.00

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

Please tell us why you would like to become a member of Victims of Crime NT?

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Do you have any particular knowledge or skills that you can share with us?

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Are you interested in volunteering at VoCNT? Yes/No

Thank you for your interest and membership application. The VoCNT board will consider this application at the next available meeting and will be in touch.

<p>OFFICE USE ONLY: Membership application forprocessed and fee received Signature of Secretary..... Date..... Entered into membership register <input type="checkbox"/></p>
