

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

Reference: GOV Title: GOV Document – Application for membership renewal Version: 1 Date: 18/04/2019
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I/we wish to renew membership with 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		Preferred title:
OR		
Organisation Name:		
Nominated organisational representative:		
Home Address:		Postcode:
Postal Address:		Postcode:
Email Address:		
Phone: Home	Mobile	
Signature of Applicant		Date
Position (for organisation membership)		

Annual Membership Fee is \$20.00

Payment options: (A receipt will be issued upon payment and return of this form)

- 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

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