



**VALA Membership Form  
Tax Invoice**

ABN: 79 587 098 915 Inc. Assoc. No. A0047343M  
**January 1 - December 31, 2019**

**Applicant Details**

**Member 1**

First Name .....

Family Name .....

Organisation Name .....

.....

Postal Address .....

.....

Town/Suburb .....

State ..... Postcode .....

Bus. Phone (.....) .....

Mob. No. ....

Email (print carefully)

.....

*Email is our main form of communication*

**Membership Category and Annual Fee**

Please mark the appropriate category. Fees incl GST.

- Individuals \$115
- Organisations (4 members) \$300: additional members \$60
- Unlimited Organisation (unlimited number of members from one organisation) \$930
- Education students \$20

Reduced rate of 50% applies if you join after July 31

**Organisational members** should provide names and email addresses of additional members:

**Member 2:** .....

Email: .....

**Member 3:** .....

Email: .....

**Member 4:** .....

Email: .....

Further members \$60 p.a.

**Additional member:** .....

Email: .....

**Additional member:** .....

Email: .....

**Cheque Payment** (payable to 'VALA')

I enclose payment of \$.....

**Direct Deposit**

VALA Bank Account  
Commonwealth Bank, 75 Collins Street, Melb. 3000  
BSB: 063-012 A/C: 10306090  
(If paying by direct deposit, full payment details must be provided by fax/email to ensure correct attribution)

**Credit Card Payment**

Pay online with a credit card using Paymate (no account required).  
Go to <http://vala.asn.au/fees/>

**Mail payments with this form to:**

VALA PO Box 938, Springvale South, VIC 3172  
Email: [info@vala.asn.au](mailto:info@vala.asn.au)