



MEMBERSHIP APPLICATION FORM

(Please tick boxes)

TITLE: MR ☐ MRS ☐ MS ☐ MISS ☐ DR ☐

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY/SUBURB: _____ P/CODE: _____

POSTAL ADDRESS: (If different)

CITY/SUBURB: _____ P/CODE: _____

PHONE: _____

MOBILE: _____

EMAIL: _____

PREFERRED CONTACT METHOD: ☐ MAIL ☐ EMAIL ☐ PHONE

ASSOCIATED MEMBER: ☐

PLEASE FIND ENCLOSED: ☐ \$10 or

☐ CHEQUE MADE PAYABLE TO VICTORIA FIRST

I WOULD LIKE TO HELP VICTORIA FIRST BY:

☐ LETTERBOXING

☐ USING SOCIAL MEDIA

☐ OTHER (Please describe)

PLEASE RETURN TO:

THE TREASURER

VICTORIA FIRST

27 LINCOLN AVENUE, COBURG VIC. 3058