



PO Box 25, Wandong 3758 Ph 9380 2158 Email office@parentsvictoria.asn.au
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ABN: 22 989 261 435

Tax Invoice

Friends of Parents Victoria Membership Form

Please print all details clearly.

Name:

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Organisation:

.....

(if applicable)

Address:

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.....Postcode.....

Phone: Email:

Membership Fees including GST

- Individual: \$30.00
- Community organisation: reciprocal newsletter subscription (or \$30.00)

About Your Background

- Activist in Public Education
- Past member of State Exec. or District Council (if so, where and when?)
- Interest in community activities

What you'd like to do as a Friend of Parents Victoria

- Help in the Parents Victoria office
- Offer expertise in writing activities
- Help with parent professional development activities or conferences
- Just receive publications
- Other (please specify)

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