**Please print this form and mail with details and payment to**

**ABN: 22 989 261 435**

**TAX INVOICE**

**P.O. Box 1170, Cragieburn 3064**

**Phone: 0419 716 171**

**Email: office@parentsvictoria.asn.au**

**www.parentsvictoria.asn.au**

## Application for Individual Membership

### Name ………………………………………………………………….........

Address ……………………………………………………………………..

………………………………………………………………………………

Phone ……………………. Email ……………………………………….

Schools your children attend:

………………………………………………………………………………

I wish to apply to become an individual member of Parents Victoria.

I agree to support the Statement of Purposes of Parents Victoria.

I am the parent/guardian of a child who attends a government school.
My child’s school either does not have a Parent Club or has chosen not

to affiliate with Parents Victoria.

Signed …………………………………….. Date …………………..

**Membership fee is $50 (including GST) per calendar year**.