

**International Dark – Sky Association Victoria Inc.**

**Application for Membership**

 **A0062601x**

Name: ……………………………………………………………………………………..…..…. Postal Address: …………………………………...………………………………….…………..

……………………………………………………………………….……………………..……. E-mail Address: ……………………………………….………………………………………… Phone: …………………………………………… Work: ……………………………………….

Mobile: ……………………………………..

 I , the undersigned, apply to become a MEMBER of the *International Dark – Sky Association Victoria Inc.* I agree to accept and abide by the Rules of the Association,

 a copy of which is available on the IDAVic website.

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

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| --- | --- |
| **FEES** |  |
|  | Single | $ 20 |  Corporate | Corporate $ 200 |  |  |

 Group < 100 Members $50 Group >100 Members $100

 Preferred Payment by Direct Deposit to:

 **Bank:** Westpac

 **Acc Name:** International Dark –Sky Association Victoria Inc.

 **BSB:** 033 034

 **Acc Number:** 62-6280

 **Reference:** Your Name eg JSmith

 Send a confirmation of payment email and membership form to members@darkskyvic.org

 Or

 Post to:

 The Secretary IDAVic 6329 Midland Hwy, Clarendon Vic 3352

 Receipt number: …………………... Membership No: …………………………… ( Secretary use only)

Version: October 2018