

**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](mailto:members@darkskyvic.org)

Or

Post to:

The Secretary IDAVic 6329 Midland Hwy, Clarendon Vic 3352

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

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