



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:

FEES

Single	\$ 20	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 secretary@darkskyvic.org

Or

Post to:

The Secretary IDAVic 6329 Midland Hwy, Clarendon Vic 3352

Receipt number:

Membership No:

(Secretary use only)