

# Membership Application Form

<b>Name:</b>		
<b>Address:</b>		
<b>Phone: (home)</b>	<b>Phone: (work)</b>	<b>Email:</b>
If application is accepted to, I / We agree to be bound by the Constitution and Statement of purpose of C.V.S.A.		
<b>Signature of applicant(s):</b>		
<b>Type Of Membership Per Annum: (circle preference)</b>		
<b>Individual</b>	\$20	
<b>Pensioner / Student</b>	\$10	
<b>Family</b>	\$30	
<b>Organization / Clubs</b>	\$75	
<ul style="list-style-type: none"> <li>Family membership of three or more members</li> <li>Feel free to include donations in addition with subscription if you wish</li> </ul>		
<b>Date Received:</b>		
<b>Receipt:</b>		
<b>Type:</b>		
<b>Amount:</b>		

Return completed form with cheque or money order to the address below.

**Crime Victims Support Association**  
 PO Box 8150,  
 Ferntree Gully, Vic  
 3156