



Applicant Information		
Name:		
Current Address:		
State:	Post Code:	Phone W:
Phone H:	Mobile:	Fax:
Email:		
Hobbies:		
Current Occupation		
Current Employer:		
Position:		
Please tick: Volunteer <input type="checkbox"/>	Paid <input type="checkbox"/>	How long?
Responsibilities:		
Previous Volunteer Administration /Management Experience		
Organisation:		
Position:		
Please tick: Volunteer <input type="checkbox"/>	Paid <input type="checkbox"/>	How Long:
Responsibilities:		
Qualifications		
Qualification:	Year Completed:	
Qualification:	Year Completed:	
Expectations		
What information / support would you like to access through this association?:		
Are you available to share your experience with other volunteer managers? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Indicate in which areas:		
Why do you want to join AAVA?:		
Would you be interested in coming on board as a Board Member: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Membership		
Please send an AAVA lapel Badge (\$10): Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipt Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please tick: New Membership: <input type="checkbox"/>	Renewal: <input type="checkbox"/>	Total Amount Enclosed:
I agree for this information to be included in the AAVA database Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature of Applicant:		Date:

# Fees

A current fee structure has been established is as follows, all prices are exclusive of GST.

Full Year (July 2010 – June 2011)	A\$70.00	NZ\$80.00
¾ Year (October 2010 – June 2011)	A\$57.00	NZ\$67.00
½ Year (January 2010 – June 2011)	A\$32.00	NZ\$42.00

**NEW** 2 Year membership (July 2010 – June 2012) A\$125.00 NZ\$145.00

15 Months\* (April 2010 – June 2011) A\$70.00 NZ\$80.00

\*Introductory offer for new members only

Payment may be made by cheque, money order or credit card.

## Credit Card Payment

Visa       Mastercard       Bankcard

Name on Card: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_ (last 3 digits of number on the back of your card)

Signed: \_\_\_\_\_

Please post to: AAVA PO Box 1782 Surfers Paradise QLD 4217 or

email to: [aava@aava.asn.au](mailto:aava@aava.asn.au)

Office use only:

Receipt No.	
Date Received	
Date Approved	
Date Notified	
E-Vol	