



**MIVAC TRUST
MEMBERSHIP APPLICATION:**

NAME: _____

ADDRESS: _____

CITY: _____ **POST CODE:** _____

TELEPHONE:

Home: _____ **Work:** _____

Mobile: _____ **Fax:** _____

Email: _____

Occupation: _____

Skills: _____

Are You Willing To Volunteer Your Time: _____ **YES/NO**

Are You Willing To Sit On a Committee: _____ **YES/NO**

Are You Willing To travel: _____ **YES/NO**

MEMBERSHIP SUBSCRIPTIONS (Life Membership)

\$20.00 or \$10.00 concession.

Corporate: \$100

Donation: \$ _____

TOTAL: \$ _____

Send To:

**The Secretary
The MIVAC Trust
PO Box 967
SANDY BAY TAS 7006**

Tel: 03 62641485

MIVAC Trust Use Only:

Received On: _____ **Entered in Members Register:** _____

Receipt No: _____ **Skills Entered:** _____

