

VICTORIAN COMMUNITY TRANSPORT ASSOCIATION INCORPORATED

PO Box 4971, Melbourne Vic 3001
Ph: (03) 9518 3247 Fax: (03) 9518 3499
email : info@vct.org.au
ABN : 88 353 196 530

APPLICATION FOR MEMBERSHIP

I _____
(name and position in organisation)

On behalf of : _____
(name of organisation)

Have been authorised by this organisation to apply for membership of the
Victorian Community Transport Association (VCTA).

In the event that the organisation is accepted as a member, I agree to be
bound by the rules of the Association for the time being in force.

_____ Date: ___/___/___
(Signature of Applicant)

I _____
Contact Details
Organisation _____

Postal Address _____
_____ State _____ Postcode _____

Telephone _____ Fax _____

Contact Person
Name _____

Phone _____ Fax _____ Mob _____

Email _____

**This application is for new members only, for membership renewal please use the
membership renewal form.**

Please forward completed application to: *Secretary*
VCTA
GPO Box 4971
Melbourne Vic 3001

Or email to secretary@vct.org.au

Office Use only _____

Application received: ___/___/___

Application approved: _____ Date ___/___/___
(Signature of Secretary)