

VICTORIAN COMMUNITY TRANSPORT ASSOCIATION INCORPORATED

C/- VCTA Secretary
418 Wendouree Parade
Lake Wendouree VIC 3355
Fax: (03) 5339 9534 Email: info@vcta.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)

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:

*VCTA Secretary
418 Wendouree Parade
Lake Wendouree VIC 3355
Fax: 03 5339 9534
Email: info@vcta.org.au*

Office Use only

Application received: ___ / ___ / ___

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