



MEMBERSHIP APPLICATION

TAX INVOICE
ABN: 47 881 187 545

Member Category:

- | | | |
|--------------------------|------------------|----------------------|
| <input type="checkbox"/> | Full Member | \$330 (includes GST) |
| <input type="checkbox"/> | Affiliate Member | \$165 (includes GST) |

Member Details:

Name of Business:

Nominated Delegate:

Title:

Business Address:

Postal Address:

Phone: Fax:

Mobile: Email:

Signed: Date:

Payment Details:

I have enclosed a cheque / credit card payment for \$.....
(cheques must be made payable to the "Regional Victoria Conference Group")

Please complete credit card details below:

Type of Card: Bankcard Mastercard Visa

Cardholders Name:

Card Number: Expiry Date:

Please complete and return to RVCG on:
Fax number (03) 9650 8543, or mail to:

Regional Victoria Conference Group
C/ - Tourism Alliance Victoria
PO Box 18136, Collins Street East, Melbourne, VIC, 8003