

ACT Veterans Athletic Club - Renewal and New Membership 2011/12

Option 1 – credit card on-line

This is the Club's **Preferred Option** – please use if possible (you need a credit card). It is quick, easy to use and secure. Go to www.actvac.com.au. Click on 'club pages' then 'membership' and follow the prompts.

Option 2 – cheque or postal order

Complete the 'member details' below, attach your payment and post to: ACTVAC, GPO Box 2356, Canberra City ACT 2600.

Option 3 - cash

Pay by cash at an ACTVAC event. Complete the 'member details' below, hand it and your payment to the volunteers at any ACTVAC event.

Option 4 - credit card direct

This is the club's **least preferred option** – please consider paying with your credit card on-line (Option 1). To use Option 4, complete the form below, fill in your credit card details and the amount paid, sign and post to: ACTVAC, GPO Box 2356, Canberra City ACT 2600.

Payment details

	Visa	MasterCard		
Card no:		Exp	Name on card:	Signature:
_____	_____	____ / ____	_____	_____

Membership type

Single new membership from Oct 2011 to Dec '12	<input type="checkbox"/>	\$38.00	Double new membership from Oct 2011 to Dec 2012	<input type="checkbox"/>	\$62.00
Single Renewal from Oct 2011 to Dec 2012	<input type="checkbox"/>	\$38.00	Double Renewal from Oct 2011 to Dec 2012	<input type="checkbox"/>	\$62.00

Privacy

The Club regards the privacy of members as very important, and only uses members' personal details for managing the Club's business. See www.actvac.com.au, click on Constitution/Reports, then click on ACTVAC Policies, then Privacy Policy.

Membership Rights and Responsibilities

In submitting this membership form, I acknowledge my rights and responsibilities as set out in the Club's Constitution and I agree to act in accordance with Club's conditions of membership and policies as presented on the club's website (www.actvac.com.au, click on 'Constitution/Reports' then 'ACTVAC Policies').

Member details

Please complete if using Options 2, 3 or 4

Member 1

First name	Family name	Membership no.	Date of birth
_____	_____	_____	____ / ____ / _____
Street	Suburb	State & Postcode	E-mail
_____	_____	_____	_____
Phone day	Phone night	Mobile:	Gender
_____	_____	_____	Male Female

EMERGENCY CONTACT: NAME: _____, RELATIONSHIP: _____, Contact No. _____

Member 2 (complete only for double membership)

First name	Family name	Membership no.	Date of birth
_____	_____	_____	____ / ____ / _____
Street	Suburb	State & Postcode	E-mail
_____	_____	_____	_____
Phone day	Phone night	Mobile:	Gender
_____	_____	_____	Male Female

The Club will provide Vetranner electronically through the club's website (www.actvac.com.au). You will receive an email each month with a link that will take you to the Vetranner page.

If you wish to receive a hard copy Vetranner please tick here