

AFFILIATED ORGANISATION FORM 2006

Non-government organisations, community groups and faith groups wishing to support the work of ANTaR Victoria can become an affiliated organisation. Affiliation entitles your organisation to nominate a representative to vote at ANTaR Victoria general meetings, a copy of our newsletters and other information, and opportunities to be actively involved in our work.

Organisations can affiliate with ANTaR either by making a monthly contribution or paying a single annual fee. The annual subscription of an affiliated organisation is to be determined by the organisation, but should be within the range of \$75-\$1000 based on financial capacity, membership and geographical coverage (includes GST).

Organisations that choose to make a monthly contribution will receive a gift voucher valued at \$250 for a presentation or workshop in your organisation facilitated by ANTaR Victoria.

Please return this form completed to: 67 Brunswick St, FITZROY VICTORIA 3065.

My **ORGANISATION**wishes to support ANTaR Victoria as an affiliated organisation.

CONTACT NAME:.....

ADDRESS:.....

..... **POST CODE:**.....

TELEPHONE: WK.....HM.....FAX.....M.....

EMAIL:.....

My organisation would like to support ANTaR Victoria by: (please tick)

- establishing joint activities and participation in campaigns;
- offering services and/or resources which could be shared;
- promoting involvement of our organisation's members, e.g. a membership drive;
- inserting information about ANTaR Victoria in mailouts/ newsletter articles;
- pursuing an interest not listed above (please specify).....

SIGNED:..... **DATE:**.....

Please turn over for subscription fees

AFFILIATION SUBSCRIPTION FEES

I would like to become affiliated with ANTaR Victoria by:

Making a monthly contribution of:

- \$15 per month \$25 per month
 \$35 per month \$50 per month
 Other \$.....per month (min. \$10)

Paying a single annual fee:

I enclose \$..... total payment being:
 \$.....affiliation subscription and/or \$..... donation.

CHEQUE/MONEY ORDER for single donations, payable to ANTaR Victoria

CREDIT CARD for single or monthly donations

Visa Bankcard MasterCard Amex

Card No. _____ / _____ / _____ / _____

Exp. date ____ / ____ / ____ Signature _____

DIRECT DEBIT for monthly donations

Name of financial institution: _____

Institution address/branch: _____

BSB No: _____ **Account No:** _____

Account in the name(s) of: _____

Direct Debit Request: I/We authorise ANTaR Inc. to arrange for funds to be debited from my/our account at the financial institution identified above. This authorisation is to remain in force in accordance with the terms described in the service agreement below:

1. Direct debiting is not available on the full range of accounts. Please refer to your financial institution. 2. Please check your account details with your financial institution. 3. Your account will be debited in the first week of each month. 4. It is your responsibility to ensure sufficient clear funds are in the nominated account. If the transaction is returned unpaid, we will contact you seeking your instructions. 5. Should you wish to cancel, defer or make alterations to the direct debit arrangement, please contact ANTaR. 6. We will give you 14 days notice if we vary any of the debit arrangements. 7. Should you have any queries or dispute any Debt Item, please contact ANTaR in the first instance. 8. Your records and account details will be kept private and confidential.

Signature: _____ **Date:** ____ / ____ / ____