

Individual Members complete Part A	Part A	Couples Members Complete Parts A & B	Part B – 2 nd person of couple
Title		Title	
First Name		First Name	
Surname		Surname	
Are you:	<input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Hearing	Are you:	<input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Hearing
Phone		Phone	
Preferred method	TTY SMS Voice Fax	Preferred method	TTY SMS Voice Fax
Organisation (if applicable)		Occupation	
Address		Email	
State & Postcode		<i>Deaf Victoria Inc respects your privacy at all times. All information provided will remain strictly confidential within Deaf Victoria.</i>	
Occupation			
Email			

<input type="checkbox"/>	Ordinary Individual Member <i>Deaf/hard of hearing</i>	\$5.00	<input type="checkbox"/>	Ordinary Corporate Member <i>An organisation operating in Victoria, promoting the interests of Deaf people with a majority of Deaf people on Board of Management.</i>	\$30
<input type="checkbox"/>	Associate Individual Member <i>Hearing</i>	\$5.00	<input type="checkbox"/>	Associate Corporate Member <i>An organisation operating in Victoria, promoting the interest of Deaf people, and does not have a majority of Deaf people on Board of Management.</i>	\$30
<input type="checkbox"/>	Couples Members <i>Can be Deaf/hard of hearing or hearing</i>	\$8.00			
<input type="checkbox"/>	Deaf Victoria or Deaf Australia Honorary Life Member <i>(for records updating purposes only)</i>	\$NIL			

Payment:

Bank transfer to: Deaf Victoria Inc

BSB: 033 079

Acct Number: 210705

Ref: MBR + your surname
(ie: Joe Bloggs will be MBRBLOGGS)
Submit form:

 Email: info@deafvictoria.org.au (preferred)

Post: Deaf Victoria, level 3, 340 Albert St East Melbourne 3002