

ABN 62 495 643 645

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		Deaf Victoria Inc respects your privacy at all times. All information provided will remain strictly confidential within Deaf Victoria.	
Occupation			
Email			

<input type="checkbox"/>	Ordinary Individual Member Deaf	\$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 Hearing	\$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			

Post: Please post form and payment to:
 Deaf Victoria, Level 6, 54 Wellington Street, Collingwood VIC 3066
Or email to info@deafvictoria.org.au

Cheque/Money Order to “Deaf Victoria Inc”

Direct Deposit:
 Deaf Victoria Inc
 BSB: 033 079
 Acct Number: 210705
Ref: DVM22 + your surname
(ie: Joe Bloggs will be DVM22BLOGGS)