



VICTORIAN VOLUNTEER  
FIREFIGHTERS ASSOCIATION

# Membership Application

Membership  
VVFA  
PO Box 60  
Craigieburn VIC 3064  
membership@vvfa.com.au

Your Details			
First Name:			
Last Name (Surname):			
Date of Birth:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Occupation:			
Brigade:		District:	
CFA Member Number:		Rank:	
Your Contact Information			
Address (Line 1):			
Address (Line 2):			
Town/Suburb:			
State:		Postcode:	
Phone:		Mobile:	
Email:			
Membership:	<input type="checkbox"/> Member	<input type="checkbox"/> Associate	
Membership Fee:	FREE – However donations can be deposited to BSB: 633-000    Acc: 158697169		

#### Application agreement

I have read and agree to support the purposes of the Victorian Volunteer Firefighters Association and will not engage in conduct prejudicial to the Association. I agree to comply with the Rules of the Association, under section 46 of the Associations Incorporation Reform Act 2012, these Rules are taken to constitute the terms of a contract between the Association and its members. The Committee will consider the application and notify the applicant in writing of its decision; no reason need be given for the rejection of an application. We will not disclose your personal information without your consent. It will only be used to fulfill the Associations functions and obligations under the Associations Incorporations Reform Act 2012.

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Signature

.....  
Date