



Application for Membership

Important Note: Please complete all sections of this form. For COUPLE memberships only, please complete the additional fields on the second page.

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/>
First Name						
Last Name						
Contact Email						
Phone						
Street Address						
City						
State						
Postcode						
Date of Birth						
Membership (Select one)	<input type="checkbox"/> Individual FULL (\$30.00) <input type="checkbox"/> Individual CONCESSION (\$20)		<input type="checkbox"/> Couple FULL (\$40) <input type="checkbox"/> Couple CONCESSION (\$25) <input type="checkbox"/> Associate (\$10)			
Mail (optional)	<input type="checkbox"/> I would like to receive copies of Victorian Humanist by post rather than email. (Additional \$15 fee)					
Reason(s) for joining Humanists Victoria? (Tick all that apply)	<input type="checkbox"/> Learn more about Humanism <input type="checkbox"/> Opportunities to meet people with similar views <input type="checkbox"/> Gain/enhance my support network <input type="checkbox"/> Support the promotion/public profile of Humanism <input type="checkbox"/> Support campaigns for secular values <input type="checkbox"/> Add my voice on matters of concern <input type="checkbox"/> Help build the Humanist community <input type="checkbox"/> Stay informed about latest Humanist developments <input type="checkbox"/> Other (please specify) _____					
How I heard about Humanists Victoria (Please tick one)	<input type="checkbox"/> Search engine <input type="checkbox"/> HSV newsletter or brochure <input type="checkbox"/> Attended an HSV event <input type="checkbox"/> Attended a non-HSV event <input type="checkbox"/> Recommended by an existing HSV member <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other (please specify) _____					
Skills/experience I can offer						
Agreement <input type="checkbox"/> (Please tick)	In applying for membership, I agree with the objects of Humanists Victoria, which are <ol style="list-style-type: none"> 1. to help create a society in which a person may reach their full potential, free from supernatural beliefs; and 2. to foster a scientific approach to human problem-solving. 					



Please complete this form for the SECOND PERSON in a COUPLE membership only. (Residential address is the same.) Leave blank for Individual or Associate membership application.						
Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/>
First Name						
Last Name						
Contact Email						
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Reason(s) for joining Humanists Victoria? (Tick all that apply)	<input type="checkbox"/> Learn more about Humanism <input type="checkbox"/> Opportunities to meet people with similar views <input type="checkbox"/> Gain/enhance my support network <input type="checkbox"/> Support the promotion/public profile of Humanism <input type="checkbox"/> Support campaigns for secular values <input type="checkbox"/> Add my voice on matters of concern <input type="checkbox"/> Help build the Humanist community <input type="checkbox"/> Stay informed about latest Humanist developments <input type="checkbox"/> Other (please specify) _____					
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FORWARD THIS APPLICATION TO:

Membership Secretary, HSV, GPO Box 1555, Melbourne VIC 3001 OR email to membership@vichumanist.org.au

REMITTANCE (*select one*)

Cheque Direct Bank Deposit

Cheque: Payable to: Humanist Society of Victoria Inc.

Direct Deposit: Bank Australia, BSB 313140, Account 12178797.

Please include your **surname** for reference with your payment.