# RENEWAL OF or APPLICATION FOR MEMBERSHIP or SHARES

 Membership Number:

Name of Society: VICTORIAN INDIGENOUS NURSERIES CO-OPERATIVE

**(VINC) ABN: 96-926-702-416**

Membership

in the name of:

Contact name (if applicable):

Postal Address:

Suburb:

Post Code:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: - Fax: -

Mobile No.: - - -

**ABN**

1. I hereby apply –
2. to be admitted as a member of VINC

(b) to be renewed as a member of VINC

1. (c) to be allotted a $100 share in VINC

Please select from the following options:

**Private** 1 year ($20.00) 3 years ($55.00) 5 years ($85.00)

**Community** 1 year ($25.00) 3 years ($70.00) 5 years ($110.00)

**Business** 1 year ($40.00) 3 years ($115.00) 5 years ($185.00)

 **Total incl. GST**

1. If this application be approved and the shares or membership as aforesaid be allotted to me, I agree to pay all charges required by VINC and I agree to be bound by the rules of VINC and by any alterations thereof registered in accordance with VINC.

(Signature of applicant)………………………………… Dated: ………………………….

(Staff Signature) ………………………………………

N.B. Pursuant to section 58(8) of the Act, no rights of membership shall be exercised until the member has made such payments or acquired such share or interest as specified in the rules in that behalf.