

MEMBERSHIP APPLICATION

Application information

Newsagency / Lottery Agent Name:

Newsagency / Lottery Agent Address:

Legal Name of Owner(s) / Company Name:

Member's Name:

ABN:

Full name of Partner(s) / Director(s):

Business Telephone No:

Facsimile No:

Mobile No:

Email Address:

Take-over Date:

Residential Address:

Home Telephone No: ()

Tick Type:

Retail Only

Distribution Only

Retail & Distribution

Membership Information

Do you hold contracts with:	Please tick	Type of business	Please tick
Tattersall's	<input type="checkbox"/>	Nparcel/Blueshyft	<input type="checkbox"/>
Post	<input type="checkbox"/>	Western Union	<input type="checkbox"/>
Other – Please Specify _____			<input type="checkbox"/>

DISCLOSURE STATEMENT:

- VANA collects and uses personal information about you to assist in providing our membership services to you, to communicate promotional offers and special events, and for our internal administrative, marketing, and planning requirements.
- If you do not wish to receive VANA newsletter or other information that we send to members, please contact VANA on (03) 8540 7000.
- We may provide your personal information to VANA industry partners (including organizations that may send you promotional materials), and to organizations that we use in the ordinary operation of our business.
- You may request access to personal information about you held by VANA by writing to our Office at our ordinary mail address.
- If at any time you provide the personal information of another person to us then you must first ensure that the person has read and understood this statement and separately consented to that personal information being and disclosed by us for the above purposes.

I, the undersigned, desire to become a member of the above mentioned Associations and agree, if elected, to be bound by the Constitution and Rules of such Associations. I also agree that if at any time I wish to resign from VANA, I must do so in writing as per Clause 11 of the Constitution and Rules. The above particulars are true in every respect.

Signature of Candidates (all must sign):

Date: ___/___/____

method of payment

Credit Card (complete below)

Monthly Direct Debit (complete below)

DIRECT DEBIT REQUEST

Request and authority to debit the nominated account, to pay VANA Ltd.	Surname / Company name:	
	Given name or ABN / ACN:	
Request and authorize VANA Ltd, to arrange for any amount VANA Ltd. (Debit User I.D. Number 042248) may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).		
Name and address of financial institution at which account is held	Financial institution name:	
	Address:	
Details of account to be debited	Name of account:	
	BSB number: _____ -- _____ Account number:	
Acknowledgement: By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and VANA Ltd as set out in this Direct Debit Request and in our Direct Debit Request Service Agreement.		
Payment details	The Maximum Amount to be debited at any one time is;	
	Amount of \$ _____ / _____ (amount in words)	
	OR	
	The first debit may be made on ___/___/___ and at monthly intervals after that.	
Signature and address	(If signing for a company, sign and print full name and position for signing e.g. manager or director)	
	Full Name:	Position:
	Address:	
	Signature:	Date: ___/___/___

CARD TYPE

VISA

MasterCard

Card Holder's Name:

Card Number													
Expiry Date													
Amount: \$							Commencement Date for Payment: ___/___/___						

OFFICE USE ONLY | VANA MEMBERSHIP GRADE:

Signature:

Date: ___/___/___