



A.B.N. 32 047 130 364
Inc A0044465F

FIRE SERVICES MUSEUM of VICTORIA Inc

39 Gisborne Street, East Melbourne VIC 3002

APPLICATION FOR MEMBERSHIP

Applications to: The Memberships Officer
Fire Services Museum of Victoria Inc, 39 Gisborne Street
East Melbourne VICTORIA 3002

Ph: (03) 9662 2907 ~ E-Mail: enquiries@fsmv.net.au

Date: _____ / _____ / 20_____

I (Block Letters)

ADDRESS: (Block Letters) _____

POSTCODE: _____ DATE OF BIRTH: _____ / _____ / _____

TELEPHONE: B/H () _____ A/H () _____ MOBILE: _____

E-mail Address: _____ Occupation: _____

Hereby make application to become a (Please Tick)

Volunteer Member Adult Member Junior Member Family Member Corporate Member Paid Life Member

of the Fire Services Museum of Victoria and if my application is accepted, will abide by the Memorandum and Articles of Association of the said Fire Services Museum of Victoria.

If applicants are under 18 years of age they will be accepted as Junior Members, and Parent(s) or Guardian(s) must also sign the application form.

Applicant Signature: _____ Print Name: _____

Parent/Guardian Signature: _____ Print Name: _____

*Proposer Signature: _____ Print Name: _____

*Seconder Signature: _____ Print Name: _____

*Note: Proposer and Seconder must both be financial members of the Fire Services Museum of Victoria

Do you have a current Drivers License? YES / NO

License Number: _____

Do you have a current Working With Children Check (WWCC)? YES / NO

WWCC Number: _____

Do you have a Current National Police Check ? (YES / NO)

Police Check provided (once accepted) YES / NO

SERVICE DETAILS

I am / was formally a member of the
Details of your service:

Fire Brigade

Trade or Specialist Qualifications: (e.g. artist, boiler attendant, carpenter, electrician, painter, diesel mechanic, auto electrician, etc)

APPLICANT’S INTERESTS (Please circle you selection/s)

- Fire Services History
- Collecting Fire Services Memorabilia
- Patch Collecting
- Vehicle Maintenance
- Vehicle Restoration
- Other:

APPLICANT’S INTENTIONS (Please circle you selection/s)

- Working in Museum on Open Days
- Working at the Newport Workshops Complex
- Assistance at working bees
- Assistance with Tax deductible financial support
- Assistance with fundraising
- Providing assistance to the Curator in collection management
- Other:

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ / ____ /20

DATE SUBSCRIPTION RECEIVED: _____ / ____ /20

COMMITTEE’S DECISION: ACCEPTED / REJECTED DATE: _____ / ____ /20

PRESIDENT’S SIGNATURE:

SECRETARY’S SIGNATURE:

DATE NOTIFICATION SENT _____ / ____ /20