



## Applying for Membership

To become a member of the Victorian Artificial Reef Society Inc. (VARs) please fill out the attached membership application form.

Any person can apply for Individual Membership.

Any relevant industry or community association can apply for Corporate Membership and must nominate a representative.

Please then deposit the \$50 joining fee directly to the VARs account, using the following details:

Victorian Artificial Reef Society Inc  
BSB 063-133      A/c. No. 10885219

Please ensure that you include your surname when making the deposit so that this information appears on the bank statement. The membership form should then be posted to:

Lloyd Borrett  
Secretary  
Victorian Artificial Reef Society Inc  
13 Pearse Road  
Blairgowrie VIC 3942

Thank you for your interest and support of VARs.

***Victoria – World Class Temperate Water Diving Destination***



## Application for Membership of the Victorian Artificial Reef Society

I, *Name* .....

*Organisation (if applicable)* .....

of *Address* .....

*City* ..... *Postcode* .....

*Email Address* .....

desire to become: [ ] an Individual Member [ ] a Corporate Member  
of the **Victorian Artificial Reef Society Inc.** (the Association).

In the event of my admission as a member, I agree to be bound by the rules of the  
Association for the time being in force. ([www.vars.org.au/rules.htm](http://www.vars.org.au/rules.htm))

..... / ..... / .....

*Signature of Applicant*

*Date*

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### *Committee Use Only*

I, .....  
a member of the Association, nominate the applicant, who is personally known to me,  
for membership of the Association.

..... / ..... / .....

*Signature of Proposer*

*Date*

I, .....  
a member of the Association, second the nomination of the applicant, who is personally  
known to me, for membership of the Association.

..... / ..... / .....

*Signature of Seconder*

*Date*

..... / ..... / .....

*Date approved by the Committee*

..... / ..... / .....

*Date notified applicant*

..... / ..... / .....

*Date payment received*

..... / ..... / .....

*Date added to Register*