Explorer Club Application Form

A Fee of $8 per child, per year applies

Please tick: New member: _____ Renewing membership:_____

Date of subscription _____ Valid until _____

Family name _____

First name _____ Date of Birth _____ Member # _____

First name _____ Date of Birth _____ Member # _____

First name _____ Date of Birth _____ Member # _____

First name _____ Date of Birth _____ Member # _____

Address:
Number & Street Name: _____

Suburb / Town _____

State _____ Postcode _____

Phone: ( ) _____

Email address _____

Name of Parent / Guardian _____

Signature of Parent / Guardian _____

Museum Victoria Membership number if applicable:_____

Payment by Credit Card

Please tick one: ___Visa ___Bankcard ___Mastercard

Card Number: /___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

Expiry:____/_____

Name on Card:_____

Signature: _____

Museum Victoria collects and manages your personal information in a professional and responsible manner. A copy of our privacy statement is available upon request at any time.

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