

# MV Members

GPO BOX 666  
 Melbourne VIC 3001  
 Enquiries: 13 11 02  
 Facsimile: (03) 8341 7618  
 Email: [mvmembers@museum.vic.gov.au](mailto:mvmembers@museum.vic.gov.au)  
 Website: [www.museum.vic.gov.au](http://www.museum.vic.gov.au)



- I'd like to join MV Members
- I'd like to renew my MV Membership; Membership number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
- I'd like to purchase an MV Membership as a Gift

## Membership Category

	NEW	RENEW*
Household (1 or 2 adults plus up to 4 dependent children 16 years and under, at the one address) .....	<input type="checkbox"/> \$70	<input type="checkbox"/> \$59
Adult.....	<input type="checkbox"/> \$46	<input type="checkbox"/> \$35
Concession (Students, pensioner/seniors or health care card holders).....	<input type="checkbox"/> \$30	<input type="checkbox"/> \$19
Child (available with adult or concession only) .....	<input type="checkbox"/> \$16	<input type="checkbox"/> \$16
Additional Child (available with household only) .....	<input type="checkbox"/> \$6	<input type="checkbox"/> \$6

\* Renew prices ONLY available when renewing before the expiry date.

## Personal Details

	<i>Full name (Please Print)</i>	<i>Sex</i>	<i>DOB</i>
Adult 1		M    F	
Adult 2		M    F	
Child 1		M    F	
Child 2		M    F	
Child 3		M    F	
Child 4		M    F	

## IMPORTANT

- MV Members uses an electronic service to communicate important information and to notify you about programs, events and special offers. Please tick the box to receive this information.

Email address .....

Address .....

..... Postcode.....

Phone (AH) ..... (BH) .....

## Payment Options

Total Amount .....

- Cheque or Money Order (Payable to Museum Victoria)

- Visa             Mastercard

Card Number...../...../...../.....

Expiry Date ...../.....

Cardholder Name .....

Signature .....

Please note all details are secure and confidential and not used except for Museum Victoria's purposes.

# Application Form