



**APPLICATION FOR AFFILIATION WITH
PROBUS ASSOCIATION OF VICTORIA INC**

PO Box 247, Ringwood East VIC 3135
Reg No: A0009835H ABN: 51 370 595 374



Please name your Club in the box below

Probud Club of

We would like to **join / renew** (circle as appropriate) affiliation with the Probud Association of Victoria Inc (PAV). Annual Fees are 50 cents per member, based on the total membership of the Club as at March 31st. This fee is payable by end April 2026.

No. of members: at 50 cents per member = \$

Please provide name and contact details for the Club Secretary and note that all correspondence from PAV will be addressed to the Secretary

Secretary:

Phone:

Email:

Number of copies of the Victorian Probud required. (Bundles of 20)

Please provide below the mailing/delivery address for the Probud paper

Please complete and return this form to the PAV Secretary: secretary@probusvic.com.au

PAYMENT DETAILS:

Payment of the affiliation fee can be made by cheque payable to the "Probud Association of Victoria Inc" or, alternatively paid by direct deposit into PAV's account below. Electronic payment is preferred.

Account: Probud Association of Victoria Inc	BSB: 633 000	Account #: 208291054
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PLEASE NOTE YOUR CLUB'S NAME AS A REFERENCE FOR YOUR PAYMENT.

If paying by cheque please complete this form and forward it together with the cheque to:

Probud Association of Victoria, PO Box 247, Ringwood East VIC 3135.

A receipt will not be issued if paid by direct deposit or cheque

REPRESENTATION AT PAV MEETINGS

Each member club may be represented at PAV General Meetings by one voting delegate, (although additional non-voting delegates may attend General Meeting as observers).

Delegate 1	Delegate 2	Delegate 3

In the event that none of the above delegates are able to attend a PAV Meeting, your club can nominate another member of your club as its voting delegate. This nomination should be advised by email to the PAV Secretary at least 48 hours before the date of the meeting at secretary@probusvic.com.au

Signed: President / Secretary:

Date: