



# Victorian Facetors' Group Inc

Reg. No: A0091593K | ABN: 63 113 848 702

[victorianfacetorsgroup.com](http://victorianfacetorsgroup.com)

## Annual Membership Application / Renewal

### Declaration for Membership:

I/We wish to join/renew membership of the **Victorian Facetors' Group Inc.** and acknowledge that, as a member, I/we are bound by the Membership Terms, plus any Rules, and Code of Ethics of the Group, and will also accept the disclaimer below, and our [Privacy Policy](#). (See website for details)

### Disclaimer for Membership:

We (Victorian Facetors' Group Inc.) are at no times responsible for any loss, injury, or damage suffered by any Member or their tools or other personal items at any time. Please read our full [Membership Terms](#) carefully before signing up for any Membership.



### Select Membership Category

<b>ADULT</b> (Single Adult Membership)	<b>\$30.00</b>	<input type="checkbox"/>
<b>JOINT</b> (with Spouse* or Partner*)	<b>\$50.00</b>	<input type="checkbox"/>
<b>2<sup>nd</sup> ADULT</b> (for Spouse* or Partner*)	<b>\$20.00</b>	<input type="checkbox"/>
<b>STUDENT</b> (12-16 Years**)	<b>\$15.00</b>	<input type="checkbox"/>

\*Residing at the same address.

\*\*Parental or Guardian consent required if under 16 yrs.

### Membership & General Enquiries

**Secretary:** Graham Young (Membership)  
**Telephone:** 03 9363 1803  
**Mobile:** 0487 283 598  
**Email:** [secretary@victorianfacetorsgroup.com](mailto:secretary@victorianfacetorsgroup.com)  
**Website:** [victorianfacetorsgroup.com](http://victorianfacetorsgroup.com)

**Full Name:** (Applicant 1) ..... **Date of Birth:** .....

**Full Name:** (Applicant 2) ..... **Date of Birth:** .....

**Address:** .....

**Town / Suburb:** ..... **State:** ..... **Post Code:** .....

**Phone:** ..... **Email:** .....

**Newsletter:** Delivery mode preference? Email Copy: ☐ Hard Copy: ☐

**Member of a Lapidary Club before?** Yes: ☐ No: ☐

**Club:** (If applicable) .....

**Privacy:** May we share your contact details with fellow members of the Group? Yes: ☐ No: ☐

**Declaration:** I/We acknowledge and accept the Declaration and Disclaimer above. Yes: ☐

**Signature:** (Applicant 1) ..... **Date:** .....

**Signature:** (Applicant 2) ..... **Date:** .....

**Payment Options:** Please click the **"PAY NOW"** button to pay with **Visa, MasterCard,** or **Other Credit Cards** via Square Secure Payments.  
**Or** via electronic payment to: **BSB: 633-000 ACCOUNT: 118920255**

(Office use only)

Revised Nov '22

**Approved by:** ..... **Date:** .....

**Membership No.** ..... **Newsletter** ☐ **Name Tag/s** ☐ **Information Pack** ☐