

Membership Application Form

Thank you for expressing your interest in becoming a member, or renewing membership of the Viktor Frankl Institute of Australia (VFIA).

(Please complete all fields to avoid a delay in processing your application).

Applicant Details:

M'ship: New Renewal **M'ship No.** Click or tap here to enter text.

Title: Choose an item.

Given Name/s: Click or tap here to enter text. **Family Name:** Click or tap here to enter text.

Address: Click or tap here to enter text.

State: Click or tap here to enter text. **Postcode:** Click or tap here to enter text.

Country (if not Australia): Click or tap here to enter text.

Current Email: Click or tap here to enter text.

Phone:/Mobile (+ area code): Click or tap here to enter text.

The purposes of the Association are:

1. To promote the thought and therapeutic practice of Viktor Frankl to combat, amongst other psychological illnesses, the widespread phenomenon of depression
2. To promote research into the philosophical and ethical impact of Logotherapy
3. To promote the practice of Logotherapy
4. To seek academic channels for training in Logotherapy.
5. To promote a healthier and more resilient society through the teachings and practice of Logotherapy

Member Declaration

I agree to abide by the Constitution and By-laws of the Viktor Frankl Institute of Australia. I declare that all information that I have provided is true. I understand that the information I have provided will only be used by VFIA and not shared with any third party.

* **I Agree:**
(Required)

Date: Click or tap to enter a date.

Member Category:

Full Yearly \$AU 100.00

Student Yearly \$AU 50.00

Payment Options:

- **EFT A/cc:** VFIA **BSB:** 084 255 **Acc. No:** 933481360
- **EFT Receipt No:** Click or tap here to enter text. **Ref:** Click or tap here to enter text. **(Family name)**
- **PayPal** www.paypal.com **and send to:** admin@vfia.org
- **Cheque/Money Order (mail with form)** **Chq. No.** Click or tap here to enter text.

Please send your completed membership form and evidence of payment to:

Email: *Membership* admin@vfia.org

Post: *Membership - Viktor Frankl Institute of Australia*
P.O. Box 1126 Oxley, Queensland, 4075 Australia

VFIA Office Use Only

Date appl. received:

Date payment received:

Date approved:

Fully complete with relevant attachments? Yes No

Anniversary date:

EFT [] Cheque/Money Order []

Signed

(Registrar)

An accredited affiliate of

VIKTOR FRANKL INSTITUT

Victor Frankl Institute Vienna