



APPLICATION FOR MEMBERSHIP

- | | | |
|--------------------------|-----------------------|---------------------|
| <input type="checkbox"/> | Individual Membership | (\$15.00 incl. GST) |
| <input type="checkbox"/> | Family Membership | (\$20.00 incl. GST) |
| <input type="checkbox"/> | Student / Concession | (\$10.00 incl. GST) |
| <input type="checkbox"/> | Business Membership | (\$30.00 incl. GST) |
| <input type="checkbox"/> | Group Membership | (\$20 incl. GST) |

Applicant's / Group Name	
Applicant's Postal Address	
Contact No.	
Email Address	
Group contact person	

1. I / we hereby apply for Individual / Business / Group / Family / Student Membership (circle option) of Dandaragan Community Resource Centre Inc.
2. I / we enclose herewith the sum of \$ _____, or I / we have transferred \$ _____ to the Dandaragan Community Resource Centre Inc bank account.
3. I / we agree to the terms of the constitution.
4. I / we consent to Dandaragan Community Resource Centre Inc. corresponding with me via any of the contact details listed above, including to provide me with newsletters and other promotional materials.

DATED the _____ day of _____

[name]

Signed _____

Payment options:

- Electronic Funds Transfer to: Dandaragan Community Resource Centre Inc. BSB: 306 023. Account: 012 436 9
- Send in this form with your cheque made payable to the **Dandaragan Community Resource Centre Inc.** to, PO Box 8, Dandaragan WA 6507.
- In Person at the CRC – 3468 Dandaragan Road, Dandaragan WA 6507.

Dandaragan Community Resource Centre Inc. ABN: 26 033 028 226

THANK YOU