

# doncare

## Application for Membership/Life Membership

Name: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please find enclosed (circle):

(i) \$5.50 being for Annual Membership    **OR**    (ii) \$55.00 being for Life Membership

A receipt will be issued validating your membership rights. Should your application be refused, a total refund will be made.

Please return to:

Attention: The Returning Officer  
Doncare  
Suite 4, Level, MC<sup>2</sup>  
687 Doncaster Road  
Doncaster, Victoria, 3108.

### For office use only

Application received: \_\_\_\_\_

Membership Approved       Money received: \_\_\_\_\_

Entered on database: \_\_\_\_\_

Membership Not Approved     Money refunded: \_\_\_\_\_