



APPLICATION FOR DONCARE MEMBERSHIP/LIFE MEMBERSHIP

Name: _____

Organisation (if applicable): _____

Address: _____

_____ **Postcode:** _____

Phone: (H) _____ **(B)** _____

Date: ____/____/____

Please find enclosed (tick box):

\$5.50 being for Annual Membership

or

\$55.00 being for Life Membership

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

Return to:

Attention: Returning Officer
Doncare
8 Montgomery Street
East Doncaster VIC 3108

Privacy Notice: Doncare records your personal details for use for Doncare business only. This information is not used or made available for any other purpose. To view your information contact the Administration Manager on 9841 4215.

For office use only

Application received: _____

Membership Approved

Money received: _____

Entered on database: _____

Membership Not Approved

Money refunded: _____