



Reg No A0008477W ABN 51 724 115 911

Committee of Management

APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION

I, (Full name of Applicant)

of (Address)

desire to become an Association Member of the Dame Pattie Menzies Centre Incorporated.

In the event of my admission as an Association Member, I agree to be bound by the rules of the Association. Membership fee is \$5.00 pa.

Signed (Applicant) Date:/...../.....

Contact details: Postal Address.....

Contact phone:

Email Address.....

This application for Association membership will be decided by the Committee of Management by resolution at the normal monthly meetings whether to accept or not accept this application.

Dame Pattie Menzies Centre Inc.,
49 Nihil Street,
Alexandra, Victoria 3714
Telephone: 03 5772 1888
Fax: 03 5772 2582
Email: admin@menziessupport.org.au

Membership payment can be processed by Direct Credit to
BSB: 063628
Account No: 10022226
Please use your name as the Reference ID.